STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	R **04/30/2019**
NAME OF PROVIDER OR SUPPLIER **OUR HOME AT BEACON HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **141 KAELYN LANE** **PORT SAINT JOE, FL 32456**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted at Our Home at Beacon Hill on 4/30/19. This was a follow-up to a previous complaint survey for allegations contained within complaints 2018016622 and 2019000752 conducted on 2/21/19. At the time of the survey, previously cited deficiencies were found to be corrected.