

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966786	(X3) DATE SURVEY COMPLETED 05/27/2014
NAME OF PROVIDER OR SUPPLIER Bee Home, Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 710 Debra Lynne Drive Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-05/27/2014
0093-Food Service - Dietary Standards-05/27/2014
0161-Records - Staff-05/27/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 4, 2014

Administrator
Bee Home, ALF
710 Debra Lynne Drive
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 27, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

