

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966504	(X3) DATE SURVEY COMPLETED 11/24/2014
NAME OF PROVIDER OR SUPPLIER Beacon Villa Retirement Center	STREET ADDRESS, CITY, STATE, ZIP CODE 141 Kaelyn Lane Port Saint Joe, FL 32456	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Standard Biennial Licensure survey to include Limited Nursing Services and Extended Congregate Care was conducted at Our Home at Beacon Hill Retirement Center Assisted Living Facility located in Port St. Joe, FL on 11/24/2014. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 26, 2014

Administrator
Beacon Villa Retirement Center
141 Kaelyn Lane
Port Saint Joe, FL 32456

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 24, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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