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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966786</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>01/27/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Bee Home, ALF</b>                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>710 Debra Lynne Drive<br/>Brandon, FL 33511</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-01/27/2015

0025-Resident Care - Supervision-01/27/2015



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 12, 2015

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 January 27, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

PRG/clt

Enclosure: State Form (5000-3547)

