

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966786	(X3) DATE SURVEY COMPLETED 03/19/2015
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:

0001-Definitions-03/19/2015
0030-Resident Care - Rights & Facility Procedures-03/19/2015
0055-Medication - Storage And Disposal-03/19/2015



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 25, 2015

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

Dear Administrator:

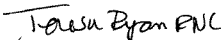
This letter reports the findings of a Biennial state licensure survey revisit conducted on March 19, 2015 by representative(s) of this office.

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,


PR Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State Form (5000-3547)

