

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/01/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966504	(X3) DATE SURVEY COMPLETED 05/27/2015
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 Change of Ownership (CHOW) survey to include Limited Nursing Services and Extended Congregate Care was conducted at Our Home at Beacon Hill Assisted Living Facility located in Port St. Joe, FL on 5/27/2015. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2015

Administrator
Our Home At Beacon Hill
141 Kaelyn Lane
Port Saint Joe, FL 32456

Dear Administrator:

This letter reports findings of a state licensure change of ownership survey that was conducted on May 27, 2015 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

1GGN

