STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	**10/06/2015**
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 Extended Congregate Care monitoring was conducted at Our Home At Beacon Hill Assisted Living Facility on 10/06/2015. At the time of the monitoring, there were no deficiencies identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 8, 2015

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

RE: ECC MONITORING

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 6, 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, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com