STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	R **05/25/2018**
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

On May 25, 2018 a desk review revisit was conducted for Our Home at Beacon Hill assisted living facility (license #10713). This was a follow-up to the complaint survey that was conducted on 4/23/18 to review the allegations in CCR#2018004201. Based on the facility's submitted plan of correction and supporting documentation, the previously cited deficiencies were corrected at the time of the desk review.