

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910597	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HOLMES CREEK ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 3732 ROACHE AVENUE VERNON, FL 32462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments An unannounced Limited Nursing Services monitoring visit was conducted on Deficient practice was identified during the survey.	A 000			
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0999

ON5311

If continuation sheet 1 of 2

Agency for Health Care Administration

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and owner interview the facility failed to provide maintenance services to ensure a safe and homelike living environment. The findings include: A tour of the facility was conducted on at approximately 11:29 AM in the presence of the facility owner. The ceiling tile at the entrance of the back hall from the TV (main building) was observed to have an area approximately 3.5 feet x 1 foot bulging with brown water stains. The carpet at this entrance was peeling from the floor approximately 3 inches causing a trip hazard. The hallway contained an area of missing floor tile approximately 1.5 feet x 1 foot. The loveseat located at the end of the hall had an approximate 6 inch tear in the left arm and right cushion with exposed stuffing. The owner confirmed all of the findings and stated the carpet was a trip hazard. The owner also stated she was not sure where the loveseat came from and could be thrown out. Class III	A 152			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Holmes Creek ALF
3732 Roache Avenue
Vernon, FL 32462

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2012 by representative(s) of this office. Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than 2012.**

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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

Dh/dh
Enclosure(s)

