STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910597	08/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Holmes Creek Alf	3732 Roache Avenue Vernon, FL 32462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey was conducted at Holmes Creek Assisted Living Facility on [redacted] to review CCR 2013005871. Deficient practice was identified during the survey.

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, staff interviews and resident interviews the facility administrator failed to ensure food areas were free of pests and food was served in a sanitary manner during 1 of 1 meal observations. (lunch meal)

The findings include:

An observation of the lunch meal was conducted on [redacted] beginning at approximately 10:59 AM. Approximately 6 black [redacted] size flying insects were observed to land on the yellow countertop near the stove. At approximately 11:05 AM the staff were observed to set out several drinking glasses on the yellow countertop. One of the black flying insects landed on the drinking rim of one of the glasses. Approximately 8 black flying insects were observed flying around in the kitchen and dining areas landing on the counters, dining chairs and the dining table. At approximately 11:32 AM employees D and E prepared 19 trays with food and set the trays and drinking glasses on the dining tables prior to the residents coming in the dining [redacted] eat. At approximately 11:45 AM one tray was on the table but the resident had not yet come in to eat; one black flying insect was observed to land on the roll on this plate. At approximately 11:48 AM resident #12 came in the dining [redacted] sat down and ate 1/2 of the roll that the flying insect had landed on. At approximately 11:52 AM a flying black insect landed on the rim of the glass resident #13 was drinking from. During the meal at least 8 black flying insects were observed in the dining [redacted] residents were eating.

During the lunch meal on [redacted] at approximately 11:05 AM employee D stated those flies and she heard there was a fly spray that was safe to use around food. At approximately 11:18 AM the Administrator was in the dining [redacted] kitchen area. The Administrator stated she was going to have to order some of the fly spray that is safe to use during meals.

An interview was conducted with resident #9 on [redacted] at approximately 10:39 AM. Resident #9 stated she observed flies in the kitchen and dining [redacted] sometimes they

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land on her food. An interview was conducted with resident #10 on [redacted] at approximately 10:42 AM. Resident #10 stated she has observed flies in the dining area and they have landed on her food. An interview was conducted with resident #11 at approximately 10:47 AM. Resident #11 stated she has seen flies in the dining [redacted] they try to keep them out. An interview was conducted with resident #17 on [redacted] at approximately 12:12 PM. Resident #17 stated he has observed flies in the dining area during the meals and they have to chase them off to keep them off the food.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Holmes Creek ALF
3732 Roache Avenue
Vernon, FL 32462

Dear Administrator:

Re: CCR #2013005871

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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