STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910597	10/09/2013
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)

0000-Initial Comments
An unannounced Revisit survey was conducted at Holmes Creek Assisted Living Facility in Vernon, Florida on 10/9/2013. Deficient practice was identified during the survey.

An unannounced Limited Nursing Services monitoring visit was conducted in conjunction.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, the facility failed to ensure unlicensed staff provide appropriate assistance with medications during 1 of 1 medication assistance observations. (resident #1)

The findings include:

An observation of medication assistance for resident #1 was conducted on [redacted] at approximately 11:51 AM during the lunch meal. Employee A was observed to pour 1 pill from the bottle labeled [redacted] 300 mg 1 capsule by mouth 3 times daily into a cup in front of resident #1. The resident then took the medication by mouth. Employee A did not read the label of the medication she was placing in the cup for resident #1 or tell the resident what the medication was. An interview was conducted with employee A at this time and she confirmed she did not read the label on the medication to the resident. She stated the resident already knew what the medication was. The Administrator was present and informed employee A she should have read the label of the medication to the resident.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to maintain furnishings in good condition and free of accident hazards in 1 of 4 buildings on the premises. (main building)

The findings:

An observation of the TV [redacted] the main building was conducted on [redacted] at approximately 10:30 AM in the presence of the Administrator. A rocking chair with torn fabric on the arms and a hole in the back with an exposed metal spring protruding from the back of the chair was in the TV [redacted] The metal spring was sharp on the edge. The Administrator observed and confirmed the metal spring protruding from the chair. The Administrator stated it was one of the resident's favorite chairs and they were afraid to take it out but they would if they had to. She then stated she wondered if she could cut the spring off of the chair.

Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11910597

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/9/2013

Name of Facility
HOLMES CREEK ALF

Street Address, City, State, Zip Code
3732 ROACHE AVENUE
VERNON, FL 32462

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0092** Reg. # **58A-5.020(1) FAC** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** KO	**Date:** 10/14/13	**Signature of Surveyor:** Roxanne Anderson/LD	**Date:** 10/14/13
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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 Limited Nursing Services survey and a revisit to a complaint survey that was conducted on , 2013 by a representatives 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 surveyors. Should you have any questions please call me at (850) 412-4540.

Sincerely,

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

DH/kb
Enclosure
XG90

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