

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/27/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910597	(X3) DATE SURVEY COMPLETED 01/22/2014
NAME OF PROVIDER OR SUPPLIER Holmes Creek Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 3732 Roache Avenue Vernon, FL 32462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced biennial relicensure survey including limited mental health (LMH) and limited nursing services (LNS) was conducted at Holmes Creek Assisted Living Facility on January 21, 2014, in Vernon, Florida. The facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 27, 2014

Administrator
Holmes Creek Alf
3732 Roache Avenue
Vernon, FL 32462

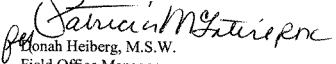
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 22, 2014 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure

1GGN

