STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910597	**02/06/2014**
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

On 2/6/2014 an unannounced survey (4 bed capacity increase) was conducted at Holmes Creek Assisted Living Facility. At the time of survey there were no deficiencies identified and the recommendation is for the facility to receive the 4 bed capacity increase.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2014

Administrator
Holmes Creek Alf
3732 Roache Avenue
Vernon, FL 32462

Dear Administrator:

This letter reports findings of a state licensure survey for a 4 bed capacity increase that was conducted on February 6, 2014 by a representative 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGuire, RNC

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

DH/pm
Enclosure

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