

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/01/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910597	(X3) DATE SURVEY COMPLETED 05/27/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced complaint survey for CCR#2015003796 was conducted on 5/27/15 at Holmes Creek Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 1, 2015

Administrator
Holmes Creek Alf
3732 Roache Avenue
Vernon, FL 32462

RE: CCR #2015003796

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 27, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,


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

DH/kc
Enclosure

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