STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910597	**12/21/2015**
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

On December 21, 2015 an unannounced bienniel survey including Limited Nursing Services (LNS) and Limited Mental Health(LMH) was conducted at Holmes Creek Assisted Living Facility in Vernon, FL. No deficiencies were identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 4, 2016

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 December 21, 2015 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.
FOR Field Office Manager

DH/kc
Enclosure

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