

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910597	(X3) DATE SURVEY COMPLETED 07/31/2017
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 7/31/2017 an unannounced complaint survey for allegations contained within CCR# 2017005844 was conducted at Holmes Creek Assisted Living Facility (license #5584). No deficient practice was identified at the time of the survey.		