STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910597	**11/28/2017**
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

An unannounced Abbreviated survey including Limited Mental Health was conducted at Holmes Creek Assisted Living Facility (license # 5584), on Bonifay, Florida on 11/28/17. At the time of the survey, no deficient practice was identified.