STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910597	**05/30/2018**
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 5/30/2018 an unannounced complaint survey for allegations contained within CCR#2018005220 was conducted at Holmes Creek Assisted Living Facility. No deficient practice was identified at the time of the survey.