

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/10/2012
NAME OF PROVIDER OR SUPPLIER NEW HORIZON SHARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2100 WEST STATE ROAD 540 WINTER HAVEN, FL 33880		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Facility A complaint survey, CCR# 2012007104, was done in conjunction with an extended congregate care (ECC) monitoring visit on 9/10/12, see (Aspen Event VECR11). New Horizon Share Home assisted living facility had no deficiencies found at the time of the visit		A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

9800

4M3Z11

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

September 18, 2012

Administrator
New Horizon Share Home
2100 West State Road 540
Winter Haven, FL 33880

Re: CCR# 2012007104 & ECC Monitoring Visit

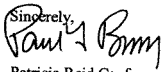
Dear Administrator:

This letter reports the findings of a complaint survey and an extended congregate care (ECC) monitoring visit completed on September 10, 2012, by a representative of this office.

Attached are the provider's copies of the State (3020) Forms, indicating no deficiencies were identified during these surveys.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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