STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965169	**07/03/2013**
NAME OF PROVIDER OR SUPPLIER **Horizon Bay Vibrant Ret Living 448**	STREET ADDRESS, CITY, STATE, ZIP CODE **9825 S. U.S. Highway 1 Port Saint Lucie, FL 34953**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Assisted Living Facility licensure complaint survey (CCR #2013005980) was conducted on 07/03/13. Horizon Bay Vibrant Retirement Living 448 had no licensure deficiencies related to the complaint found at the time of the visit.

Note: This survey was conducted in conjunction with the biennial licensure survey. Please refer to the separate report.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 19, 2013

Administrator
Horizon Bay Vibrant Ret Living 448
9825 S. U.S. Highway 1
Port Saint Lucie, FL 34953

Re: CCR #2013005980

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 3, 2013 by representatives from this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
8JK1

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924