

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/04/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED 10/29/2013
NAME OF PROVIDER OR SUPPLIER Horizon Bay Vibrant Ret Living 445	STREET ADDRESS, CITY, STATE, ZIP CODE 217 Boston Avenue Altamonte Springs, FL 32701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-10/29/2013
0052-Medication - Assistance With Self-Admin-10/29/2013
0160-Records - Facility-10/29/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit survey was conducted in conjunction with Complaint Inspection #2013008971 on 10/29/13. The complaint was not substantiated and Horizon Bay Vibrant Living 445 had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 4, 2013

Administrator
Horizon Bay Vibrant Ret Living 445
217 Boston Avenue
Altamonte Springs, FL 32701

RE: Revisit to CCR#2013008661

Dear Administrator:

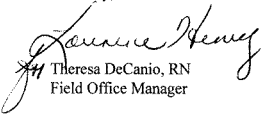
This letter reports the findings of a state licensure survey revisit conducted on October 29, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

