STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965677	**01/15/2014**
NAME OF PROVIDER OR SUPPLIER **Horizon Bay Vibrant Retirement Living 451**	STREET ADDRESS, CITY, STATE, ZIP CODE **2425 20th Street** **Vero Beach, FL 32960**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility unannounced complaint inspection (CCR #2013011064) was conducted on 1/15/14. Horizon Bay Vibrant Retirement Living 451 had no licensure deficiencies identified at the time of the inspection.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2014

Administrator
Horizon Bay Vibrant Retirement Living 451
2425 20th Street
Vero Beach, FL 32960

RE: CCR #2013011064

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on January 15, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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