STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966234	**05/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Horizon Of Tamarac	**7106 NW 84th Street Tamarac, FL 33321**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-05/08/2014
0030-Resident Care - Rights & Facility Procedures-05/08/2014
0054-Medication - Records-05/08/2014
0055-Medication - Storage And Disposal-05/08/2014
0056-Medication - Labeling And Orders-05/08/2014
0079-Staffing Standards - Levels-05/08/2014
0162-Records - Resident-05/08/2014

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey revisit was conducted on 05/08/2014 at New Horizon of Tamarac. All previously cited deficiencies were found corrected.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2014

Administrator
New Horizon Of Tamarac
7106 NW 84th Street
Tamarac, FL 33321

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state relicensure survey revisit conducted on May 8, 2014 by a representative 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.

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

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