



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 19, 2014

Administrator
New Horizon Senior Citizen Home
1745 Forest Drive
Inverness, FL 34453

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 15, 2014 by a representative of this office. Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/19/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910625	(X3) DATE SURVEY COMPLETED 05/15/2014
NAME OF PROVIDER OR SUPPLIER New Horizon Senior Citizen Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1745 Forest Drive Inverness, FL 34453	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 05/14/2014, an unannounced **ECC Monitoring** survey was conducted at New Horizon Senior Assisted Living Facility in Inverness, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.