

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967613	(X3) DATE SURVEY COMPLETED 09/23/2014
NAME OF PROVIDER OR SUPPLIER Horizon House	STREET ADDRESS, CITY, STATE, ZIP CODE 119 W Suwannee Lane Cocoa Beach, FL 32931	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A complaint investigation CCR#2014005093 was conducted on 8/7/14 to 9/23/14. Horizon House Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 22, 2014

Administrator
Horizon House
119 W Suwannee Lane
Cocoa Beach, FL 32931

RE: CCR #2014005093

Dear Administrator:

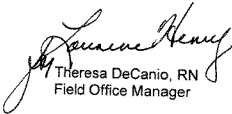
This letter reports the findings of a complaint survey completed on August 7, 2014 through September 23, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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