STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967414	**11/14/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Horizon Assisted Living Inc	**30110 Sw 145 Ct Homestead, FL 33033**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
L241-Lmh - Records-11/14/2014
L243-Lmh - Training-11/14/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial revisit survey was conducted on 11/14/14. New Horizon Assisted Living had no deficiencies found at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2014

Administrator
New Horizon Assisted Living Inc
30110 Sw 145 Ct
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on November 14, 2014 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.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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