STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965994	01/08/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Horizon North	8112 NW 74th Terrace Tamarac, FL 33321	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-01/08/2015
0010-Admissions - Continued Residency-01/08/2015
0025-Resident Care - Supervision-01/08/2015
0030-Resident Care - Rights & Facility Procedures-01/08/2015
0052-Medication - Assistance With Self-Admin-01/08/2015
0055-Medication - Storage And Disposal-01/08/2015
0056-Medication - Labeling And Orders-01/08/2015
0081-Training - Staff In-Service-01/08/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/08/2015
0086-Training - Adrd-01/08/2015
0090-Training - Do Not Resuscitate Orders-01/08/2015
0162-Records - Resident-01/08/2015
0167-Resident Contracts-01/08/2015

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the Relicensure survey was conducted on 01/08/2015 at New Horizon North. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 23, 2015

Administrator
New Horizon North
8112 NW 74th Terrace
Tamarac, FL 33321

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state Relicensure survey revisit conducted on January 8, 2015 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

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