



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 3, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 29, 2015 by a representative of this office.

Enclosed 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910625	(X3) DATE SURVEY COMPLETED 01/29/2015
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)		

Revisit Corrected Tags:

Z815-Background Screening; Prohibited Offenses-01/29/2015

0000-Initial Comments

An unannounced follow-up licensure survey was conducted at New Horizon Senior Citizen Home in Inverness, Florida on 1/29/2015. Licensure deficiencies were not identified as a result of the survey. The facility was in compliance with 58A-5, FAC and Chapter 429, Part I, FS.