

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932584	(X3) DATE SURVEY COMPLETED 01/26/2015
NAME OF PROVIDER OR SUPPLIER The Horizon Club	STREET ADDRESS, CITY, STATE, ZIP CODE 1216 South Military Trail Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Limited Nursing Services monitoring survey was conducted 01-26-2015 at Horizon Club Assisted Living Facility. The facility had no deficiencies found at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 9, 2015

Administrator
The Horizon Club
1216 South Military Trail
Deerfield Beach, FL 33442

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a Relicensure survey that was conducted on January 26, 2015 by a representative of this office. Attached 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

