

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/03/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910068	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER NEW HORIZON SHARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 WEST STATE ROAD 540 WINTER HAVEN, FL 33880	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2015004626) was conducted on 5/27/15, in conjunction with an unannounced Biennial licensure survey with Extended Congregate Care services (ECC).

The New Horizon Share Home, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 3, 2015

Administrator
New Horizon Share Home
2100 West State Road 540
Winter Haven, FL 33880

RE: CCR #2015004262

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 27, 2015 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caulman
Field Office Manager

for

PRC/clt

Enclosure: State (5000-3547) Form

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