

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/15/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED 08/05/2016
NAME OF PROVIDER OR SUPPLIER HORIZON BAY VIBRANT RET LIVING 445	STREET ADDRESS, CITY, STATE, ZIP CODE 217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

A complaint investigation (CCR#2016005469) was conducted on 8/5/2016. Horizon Bay Vibrant Retirement Living 445, License #9795, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2016

Administrator
Horizon Bay Vibrant Ret Living 445
217 Boston Avenue
Altamonte Springs, FL 32701

RE: CCR #2016005469

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 5, 2016 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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