AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965351	**08/15/2016**
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RET LIVING 446**	STREET ADDRESS, CITY, STATE, ZIP CODE **414 CHAPMAN ROAD EAST** **LUTZ, FL 33549**	

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

0000 Initial Comments

Assisted Living Facility

On August 15, 2016, a complaint investigation, (CCR# 2016006375) was conducted at Horizon Bay Vibrant Ret Living, Assisted Living Facility.

No deficiencies were identified during the investigation.

(License# 9734)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2016

Administrator
Horizon Bay Vibrant Ret Living 446
414 Chapman Road East
Lutz, FL 33549

RE: CCR# 2016006375

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 15, 2016, by representative(s) of this office.

Attached is the provider's copy of the 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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