

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED 11/16/2016
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#2016011832) was conducted on 11/16/2016 at Horizon Bay Vibrant Retirement Living 445, license #9795. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 21, 2016

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

RE: CCR #2016011832

Dear Administrator:

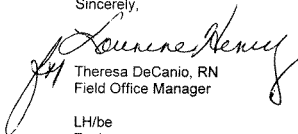
This letter reports the findings of a complaint survey completed on November 16, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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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