

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932584	(X3) DATE SURVEY COMPLETED R 02/10/2017
NAME OF PROVIDER OR SUPPLIER HORIZON CLUB (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1216 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	

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

0000 - Initial Comments

An unannounced desk review revisit survey was conducted on 2/10/17 at Horizon Club. The facility had no deficiencies identified at the time of the survey.