STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965994	R **02/28/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **8112 NW 74TH TERRACE** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 02/28/2017 for New Horizon North, License# 10263. All of the outstanding deficiencies were found corrected at the time of the desk review A 0054, A 0056, A 0078 and A 0084.