

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965844	(X3) DATE SURVEY COMPLETED 05/23/2017
NAME OF PROVIDER OR SUPPLIER FRESH HORIZON'S ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 4836 35TH AVENUE VERO BEACH, FL 32967	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Limited Nursing Services monitoring survey was conducted on 5/23/17 at Fresh Horizons, an Assisted Living Facility, in Vero Beach, Florida, License #10323. The facility had no deficiencies at the time of this survey.		