STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910068	R **06/13/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON SHARE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2100 WEST STATE ROAD 540** **WINTER HAVEN, FL 33880**	

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

0000 - Initial Comments

Assisted Living Facility

A Desk Review was conducted on 06/13/17. The deficient practice previously identified during the Biennial Survey on 05/22/17 was corrected during the review.

Lic # 5495