STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910708	R **06/07/2017**
NAME OF PROVIDER OR SUPPLIER **HORIZON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1490 NW 21ST STREET** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

A desk review revisit to the relicensure survey was conducted on 06/07/2017 for Horizon Assisted Living Facility, License # 8595.The facility had no deficiencies at the time of the visit.