STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968140	**07/24/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON HEALTHCARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3114 PHILIPS HWY** **JACKSONVILLE, FL 32207**	

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

0000 - Initial Comments

On July 24, 2017 an unannounced biannual Assisted Living Facility relicensure survey with Limited Mental Health was conducted at New Horizon Healthcare (License #12082). Deficient practice was not identified during the survey.