STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964499	**11/06/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZONS GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **109 EAST CLAY AVENUE** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

On 11/6/2017, a capacity increase, to add an additional 1 bed, was conducted at New Horizons Group Home, Assisted Living Facility. A recommendation for a capacity increase is being made at this time.

(License # 9058)