STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964499	R **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

A revisit to a biennial state relicensure survey was conducted on 11/6/17. At the time of the revisit, it was determined that the previously cited deficient practice at New Horizons Group Home, Assisted Living Facility, had been corrected.

(License # 9058)