

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964499	(X3) DATE SURVEY COMPLETED 09/18/2017
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 An expansion survey for a capacity increase was conducted at New Horizons Group Home on 09/18/2017. New Horizons Group Home, Assisted Living Facility, had no deficiencies related to the capacity increase. (License # 9058)		