

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967613	(X3) DATE SURVEY COMPLETED R 02/13/2018
NAME OF PROVIDER OR SUPPLIER HORIZON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 119 W SUWANNEE LANE COCOA BEACH, FL 32931	

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

0000 - Initial Comments

A second revisit to a re-licensure survey conducted on 2/13/2018. Horizon House Assisted Living, Inc. (License #11605) had no deficiencies at the time of the visit.