| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910625** | **01/16/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**NEW HORIZON SENIOR CITIZEN HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1745 FOREST DRIVE**<br>**INVERNESS, FL 34453** | |

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

**0000 - Initial Comments**

On 3/2/2018, an Extended Congregate Care survey was conducted at New Horizon Senior Citizen Home Assisted Living Facility. No deficient practice was identified during survey.