STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910068	**03/22/2018**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON SHARE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2100 WEST STATE ROAD 540** **WINTER HAVEN, FL 33880**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced ECC (Extended Congregate Care) survey was conducted on 3/22/18 at New Horizon Share Home (license #5495), an Assisted Living Facility in Winter Haven, Florida.

No deficiencies were found at the time of the visit.