STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964499	**04/25/2018**
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 complaint investigation (CCR#2018002052) was conducted at New Horizons Group Home on 4/25/18. New Horizons Group Home did not have any deficiencies at the time of the investigation.

(License# 9058)