STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965844	R **07/20/2018**
NAME OF PROVIDER OR SUPPLIER **FRESH HORIZON'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4836 35TH AVENUE** **VERO BEACH, FL 32967**	

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

0000 - Initial Comments

An unannounced second Revisit to complaint survey CCR #2017015452 was conducted on July 20, 2018 at Fresh Horizons Assisted Living Facility, License #10323. Previously cited deficiencies were found corrected.