| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967414** | R<br>**09/05/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**NEW HORIZON ASSISTED LIVING INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**30110 SW 145 CT**<br>**HOMESTEAD, FL 33033** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Revisit and Generator monitoring survey was conducted on September 5th, 2018. New Horizon Assisted Living Inc. (license #11466) with limited mental health component did not have deficiencies identified at the time of the survey.