| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965844** | **09/21/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**FRESH HORIZON'S ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4836 35TH AVENUE**<br>**VERO BEACH, FL 32967** | |

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

**0000 - Initial Comments**

AMENDED

An unannounced Limited Nursing Services Monitoring survey was conducted on September 21, 2018 at Fresh Horizon's Assisted Living Facility, License # 10323. The facility had no deficiencies at the time of the survey.

The Generator Assessment (including CEMP review) Monitoring component was completed during the survey.