

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932584	(X3) DATE SURVEY COMPLETED 09/11/2018
NAME OF PROVIDER OR SUPPLIER HORIZON CLUB (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1216 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 09/10/2018 - 09/11/2018 at The Horizon Club, License # 7622. The facility had no deficiencies at the time of the visit.