STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966234	R **10/31/2018**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON OF TAMARAC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7106 NW 84TH STREET** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced Relicensure third revisit survey was conducted by desk review on 10/31/2018 for New Horizon of Tamarac, License #10474. The previously cited deficiency was found corrected on the day of the survey.