STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910708	R **08/21/2018**
NAME OF PROVIDER OR SUPPLIER **HORIZON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1490 NW 21ST STREET** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

An unannounced revisit survey, CCR #2018007359, was conducted on 8/20-21/2018 at Horizon ALF, License # 8595. The facility corrected all previously cited deficiencies.

This survey was conducted in conjunction with licensure complaints, CCR#2017014114 & 2017013272. See separate report for findings.