

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910625	(X3) DATE SURVEY COMPLETED 07/23/2018
NAME OF PROVIDER OR SUPPLIER NEW HORIZON SENIOR CITIZEN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1745 FOREST DRIVE INVERNESS, FL 34453	

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

0000 - Initial Comments

On July 23, 2018, a complaint investigation (CCR #2018007727) was conducted at New Horizon Senior Citizen Home Assisted Living Facility (License #5778) in Inverness, FL. No deficient practice was identified at the time of survey.