

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910625	(X3) DATE SURVEY COMPLETED R 01/07/2019
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 January 7, 2019, an unannounced follow-up to complaint investigation survey (CCR #2018014532) was conducted by desk review for New Horizon Senior Citizen Home Assisted Living Facility (License #5778) in Inverness, FL. Deficient practice was cleared at the time of the survey.		