STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965844	R **12/12/2018**
NAME OF PROVIDER OR SUPPLIER **FRESH HORIZON'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4836 35TH AVENUE** **VERO BEACH, FL 32967**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey for CCR# 2018010672 was conducted on 12/12/18 at Fresh Horizon's Assisted Living Facility, license number 10323. The facility corrected the outstanding deficiencies at the time of the survey.

This survey was conducted with a Fourth Revisit survey, see the separate report.