

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965844	(X3) DATE SURVEY COMPLETED 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 Third Relicensure Revisit survey 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.		