

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910708	(X3) DATE SURVEY COMPLETED R 01/08/2019
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 to licensure complaints (CCR#2017014114 & 2017013272) was conducted on 01/08/2019 as a desk review for Horizon ALF, license number 8595. The facility corrected the previously cited deficiency.