STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965994	R **01/31/2019**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **8112 NW 74TH TERRACE** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 1/31/19 at New Horizon North, License #10263. The facility corrected all previously cited deficiencies at the time of the survey.