

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968140	(X3) DATE SURVEY COMPLETED 03/12/2019
NAME OF PROVIDER OR SUPPLIER NEW HORIZON HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3114 PHILIPS HWY JACKSONVILLE, FL 32207	

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

0000 - Initial Comments

A complaint investigation (CCR#2018018298) along with emergency power plan monitoring survey was conducted at New Horizon Healthcare Center, Inc (License #12082) on 3/12/2019. New Horizon Healthcare Center, Inc had no deficiencies at the time of the investigation.