STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910625	C **04/02/2019**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON SENIOR CITIZEN HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1745 FOREST DRIVE** **INVERNESS, FL 34453**	

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

0000 - Initial Comments

A complaint investigation (Complaint #2019000432) was conducted at New Horizon Senior Citizen Home Assisted Living Facility on April 2, 2019. The provider had no deficiencies at the time of the survey.