

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965496	(X3) DATE SURVEY COMPLETED 06/19/2013
NAME OF PROVIDER OR SUPPLIER Horizon Bay Vibrant Ret Living 450	STREET ADDRESS, CITY, STATE, ZIP CODE 7650 University Drive Tamarac, FL 33321	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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An assisted living facility biennial abbreviated licensure survey was conducted on 6/19/13.

Horizon Bay Vibrant Retirement Living 450, had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 24, 2013

Administrator
Horizon Bay Vibrant Ret Living 450
7650 University Drive
Tamarac, FL 33321

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 19, 2013 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

By Arlene Mayo-Davis
Field Office Manager

AMD/jw

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