

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965496	(X3) DATE SURVEY COMPLETED R 08/01/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Relicensure revisit was conducted on 08/01/2017 at Horizon Bay Vibrant Retirement Living 450, License # 12593. The facility had no uncorrected deficiencies at the time of the revisit.