

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968692	(X3) DATE SURVEY COMPLETED R 10/18/2017
NAME OF PROVIDER OR SUPPLIER HORIZON BAY VIBRANT RETIREMENT LIVING 464	STREET ADDRESS, CITY, STATE, ZIP CODE 7640 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321	

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

0000 - Initial Comments

An unannounced revisit to the relicensure survey was conducted by desk review on 10/18/2017 for Horizons Bay Vibrant Retirement Living 464, License #12593. Previously cited deficiencies were found corrected.