STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965496	**12/01/2017**
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 Complaint Investigation, CCR #2017008760 was conducted on 12/01/2017 at Horizon Bay Vibrant Retirement Living 450 , License # 9889. The facility had no deficiencies at the time of the investigation.