Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 031979	**(X3) Date Survey Completed** 08/20/2020
Name of Provider or Supplier Horizon Health And Wellness, Inc	**Street Address, City, State** 450 West Adamsville Road, Suite A, Florence, AZ	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following Additional Findings were cited at the time of the on-site, unannounced Centers for Medicare and Medicaid (CMS) Rural Health Clinic Complaint Investigation conducted 08/18/2020, with additional documentation provided to the Department on 08/19/2020 through 08/20/2020, for Event #DVBL11, for the following Intake: AZ00166790. The facility is compliant with 42 CFR Part 491 Subpart A, requirements for a Rural Health Clinic. Sandra Durrance, BA, RN, CCM 09/10/2020 Healthcare Compliance Surveyor