

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/22/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968617	(X3) DATE SURVEY COMPLETED 04/17/2014
NAME OF PROVIDER OR SUPPLIER House Of Light Senior Living ll	STREET ADDRESS, CITY, STATE, ZIP CODE 839 Chelsea Ave Ne Palm Bay, FL 32905	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Initial Survey was conducted on 04/17/2014. The House of Light Senior Living II Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 22, 2014

Administrator
House Of Light Senior Living II
839 Chelsea Ave Ne
Palm Bay, FL 32905

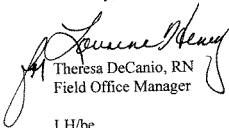
Dear Administrator:

This letter reports the findings of an **initial Licensure survey** conducted on April 17, 2014 by representative(s) 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

