STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966891	**02/15/2017**
NAME OF PROVIDER OR SUPPLIER **FAITH HOUSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **335 FOSTER COVE** **CHULUOTA, FL 32766**	

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

0000 - Initial Comments

Complaint investigation (#2016013175) was conducted in conjunction with a re-licensure survey on 02/15/2017. Faith House Assisted Living Facillity, license # 10995, did not have any deficiencies found at the time of the visit.