

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966891	(X3) DATE SURVEY COMPLETED 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

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