STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964507	R **03/01/2017**
NAME OF PROVIDER OR SUPPLIER **AUTUMN HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7999 SPYGLASS HILL ROAD** **VIERA, FL 32940**	

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

0000 - Initial Comments

3/1/17 desk review completed to Re-licensure survey with Extended Congregate Care and Limited Nursing Services. Autumn House, license # 9049, had no deficiencies at the time of the survey review.