

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932557	(X3) DATE SURVEY COMPLETED 03/18/2017
NAME OF PROVIDER OR SUPPLIER HENDERSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 907 E. ORANGE AVENUE EUSTIS, FL 32726	

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

0000 - Initial Comments

An unannounced off hours complaint survey (CCR#2017000740) was conducted on March 18, 2017 at Henderson House Assisted Living Facility (License #6622). Henderson House Assisted Living Facility had no deficiencies at the time of the survey.