STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968849	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **HOUSE OF LIGHT SENIOR LIVING III**	STREET ADDRESS, CITY, STATE, ZIP CODE **2306 WOODLAWN CIRCLE** **MELBOURNE, FL 32934**	

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

0000 - Initial Comments

A re-licensure survey was conducted on 03/21/2017. House of Light Senior Living III, License#12695, had no deficiencies at the time of the visit.