STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967611	R **03/31/2017**
NAME OF PROVIDER OR SUPPLIER **FARRINGTON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1970 FARRINGTON DRIVE** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

03/31/17 desk review completed to Relicensure survey with Extended Congregate Care and Limited Nursing Services. There were no deficiencies at the time of the review.