STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968794	**05/05/2017**
NAME OF PROVIDER OR SUPPLIER **GUIDING LIGHT SENIOR LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1025 NEWBERN ST NE** **PALM BAY, FL 32905**	

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

0000 - Initial Comments

Complaint investigation, #2017004862 was conducted on 05/05/2017. Guiding Light Senior Living, license #12650, had no deficiencies related to this complaint at the time of the visit.