STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968794	R **05/18/2017**
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

5/18/17 Desk review conducted to Relicensure survey with Extended Congregate Care (ECC) and Limited Mental Health (LMH). Guiding Light Senior Living Inc, license #12650, had no deficiencies at the time of the review.