

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969024	(X3) DATE SURVEY COMPLETED R 05/24/2017
NAME OF PROVIDER OR SUPPLIER GUIDING LIGHT SENIOR LIVING 2 INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1073 HUNT ST NW PALM BAY, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 05/24/17 Desk review completed to complaint #2017000997. Guiding Light Senior Living 2 Inc., license #12848, had no deficiencies at the time of this complaint review.		