STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966952	R **06/27/2017**
NAME OF PROVIDER OR SUPPLIER **LILAC HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1770 S LILAC CIRCLE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 6/27/2017. Lilac House Assisted Living (License #11050) had no deficiencies at the time of the visit.