

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932557	(X3) DATE SURVEY COMPLETED R 11/15/2017
NAME OF PROVIDER OR SUPPLIER HENDERSON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 907 E. ORANGE AVENUE EUSTIS, FL 32726	

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

0000 - Initial Comments

On 11/15/2017 an unannounced follow-up to Change of Ownership Survey was conducted at Henderson House Assisted Living Facility, License #6622. The previously cited deficiencies were cleared as a result of this survey. The facility was in compliance at the time of this survey.