

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968617	(X3) DATE SURVEY COMPLETED R 05/03/2018
NAME OF PROVIDER OR SUPPLIER HOUSE OF LIGHT SENIOR LIVING II	STREET ADDRESS, CITY, STATE, ZIP CODE 839 CHELSEA AVE NE PALM BAY, FL 32905	

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

0000 - Initial Comments

A revisit to the Relicensure survey was conducted on 5/03/18. House of Light Senior Living II, License #12496, did not have deficiencies at the time of the visit.