

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932557	(X3) DATE SURVEY COMPLETED R 06/22/2018
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, 2018 a follow-up desk review was conducted on Henderson House Assisted Living Facility (license#6622). No deficient practice was identified at this time. 0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC		