STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968351	R **08/27/2018**
NAME OF PROVIDER OR SUPPLIER **HOUSE OF LIGHT SENIOR LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2638 JUPITER BLVD SW** **PALM BAY, FL 32908**	

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 8/27/18. House of Light Senior Living, LLC license # 12240 had no deficiencies found at the time of the visit.