STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969024	R **09/25/2018**
NAME OF PROVIDER OR SUPPLIER **GUIDING LIGHT SENIOR LIVING 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1073 HUNT ST NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

09/28/18 desk review conducted to Relicensure survey with Limited Mental Health. Gudiing Light Senior Living 2 Inc. had no deficiencies at the time of the review.