STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966952	**12/05/2018**
NAME OF PROVIDER OR SUPPLIER **LILAC HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1770 S LILAC CIRCLE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on 12/6/18. Lilac House (license # 12571) had no deficiencies at the time of the visit.