STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968351	**01/09/2019**
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

An unannounced monitoring visit related to emergency environmental control planning was conducted on 1/9/19. House of light senior living (license #12240) had no deficiencies at the time of the visit.