

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968617	(X3) DATE SURVEY COMPLETED 01/09/2019
NAME OF PROVIDER OR SUPPLIER HOUSE OF LIGHT SENIOR LIVING II	STREET ADDRESS, CITY, STATE, ZIP CODE 839 CHELSEA AVE NE PALM BAY, FL 32905	

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 II (license #12496) had no deficiencies at the time of the visit.