

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968617	(X3) DATE SURVEY COMPLETED 03/21/2019
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 complaint investigation (CCR 2019000325) was conducted at House of Light II (license 12496), 839 Chelsea Avenue, Northeast, Palm Bay, Florida, on 3/21/2019. At the time of the complaint investigation, the facility did not have any deficient practice.