

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964507	(X3) DATE SURVEY COMPLETED R 05/30/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 SPYGLASS HILL ROAD VIERA, FL 32940	

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

0000 - Initial Comments

A revisit survey was conducted on 5/29/2019 at The Autumn House, Melbourne. No deficiencies were found at the time of the visit.