STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968849	R-C **07/15/2019**
NAME OF PROVIDER OR SUPPLIER **HOUSE OF LIGHT SENIOR LIVING III**	STREET ADDRESS, CITY, STATE, ZIP CODE **2306 WOODLAWN CIRCLE** **MELBOURNE, FL 32934**	

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

0000 - Initial Comments

Amended 8/21/19
A revisit to complaint #2019004689 was conducted on 7/15/2019 at House of Light Senior Living, Melbourne. All deficiencies were corrected at the time of the visit.