STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966952	R **08/22/2019**
NAME OF PROVIDER OR SUPPLIER **LILAC HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1770 S LILAC CIRCLE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A revisit to a biennial licensure survey was conducted at Lilac House Assisted Living Facility on August 22, 2019. Deficiencies were found to be corrected at the time of the survey.