

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968716	(X3) DATE SURVEY COMPLETED R 02/13/2017
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT PALM BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 350 MALABAR RD SW PALM BAY, FL 32907	

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

0000 - Initial Comments

2/13/17 revisit to Relicensure survey with Limited Nursing Services. Inspired Living at Palm Bay, license #12617, had no deficiencies at the time of the visit.