

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922343	(X3) DATE SURVEY COMPLETED 03/13/2017
NAME OF PROVIDER OR SUPPLIER ELMS (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1740 ELMHURST CIRCLE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An initial survey for a Limited Mental Health was conducted on 03/13/2017. The Elms (license #8013) had no deficiencies at the time of the visit.		