STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922343	R **03/13/2017**
NAME OF PROVIDER OR SUPPLIER **THE ELMS**	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

A revisit to the re-licensure survey was conducted on 03/13/2017. The Elms (license #8013) had no deficiencies at the time of the visit.