STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932642	R **08/15/2017**
NAME OF PROVIDER OR SUPPLIER **GREEN PALMS HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17430 SW 118 PLACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Revisit Monitoring Survey was conducted on 08/15/2017. Green Palms Inc license #8287 with Limited Mental Health component had no deficiencies found at the time of survey.