

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968716	(X3) DATE SURVEY COMPLETED R 06/21/2018
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

A Revisit Survey to Complaint Investigation #2018001840 was conducted on 6/21/2018. Inspired Living at Palm Bay Assisted Living with Limited Nursing Services (LNS), License# 12617 had no deficiencies at the time of the visit.