

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922343	(X3) DATE SURVEY COMPLETED 02/18/2019
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

The re-licensure survey was conducted on 2/18/2019. The Elms Assisted Living, Palm Bay (LIC#8013) had no deficiencies at the time of the visit.