

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964054	(X3) DATE SURVEY COMPLETED 02/16/2015
NAME OF PROVIDER OR SUPPLIER Bright Horizons Of Greenwood, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 9565 Nw 27th Street Coral Springs, FL 33065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced biennial Relicensure survey was conducted on 2/16/15 at Bright Horizons of Greenwood Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 02, 2015

Administrator
Bright Horizons Of Greenwood, Inc
9565 NW 27th Street
Coral Springs, FL 33065

Dear Administrator:

This letter reports findings of a State Relicensure Survey that was conducted on February 16, 2015 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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