STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968041	**03/16/2017**
NAME OF PROVIDER OR SUPPLIER **TROY & GREG CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12260 SW 184TH ST** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 03/13/2017 and concluded on 03/16/2017. Troy & Greg Corp Standard License with Limited Mental Health component, License #12007, had no deficiencies identified at the time of the survey.