STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964054	**03/17/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced abbreviated survey was conducted on 3/17/17 at Bright Horizons of Greenwood, Inc., License # 8786. The facility had no deficiencies at the time of the visit.