| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964652** | R<br>**05/10/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**GRANDAD ELDERLY CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7520 SW 108 AVENUE**<br>**MIAMI, FL 33173** | |

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

**0000 - Initial Comments**

A Standard Biennial survey revisit was conducted on 05/10/18. Grandad Elderly Corp. with a standard license #12365 had no deficiencies found at the time of the survey.