STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967575	R **11/19/2018**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT GRANDPARENTS PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13342 SW 6 STREET** **MIAMI, FL 33184**	

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

0000 - Initial Comments

A Standard Biennial Survey Second Revisit was conducted on November 19, 2018. Excellent Grandparents Place, Inc with a Limited Mental Health component, had no deficiencies identified at the time of the survey.