

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967575	(X3) DATE SURVEY COMPLETED 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 Generator Monitoring Survey was conducted on November 19, 2018. Excellent Grandparents Place, Inc (License # 11639) with Limited Mental Health component had no deficiencies identified at the time of the survey.