STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968041	R **11/09/2018**
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

A Generator Monitoring Revisit Survey was conducted on 11/09/2018. Troy and Greg corp. with limited mental health component did not have deficiencies identified at the time of the survey.