

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968041	(X3) DATE SURVEY COMPLETED 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 Monitoring Survey Second Revisit was conducted on 11/09/2018. Troy and Greg corp. with limited mental health component had no deficiencies identified at the time of the survey.