STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968387	R **01/17/2019**
NAME OF PROVIDER OR SUPPLIER **A PLACE TO GROW LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **109 VALLEY DR** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

On January 17th, 2019 a Revisit Survey to an 11/15/18 Biennial Survey was conducted at A Place to Grow. At the time of the survey, the facility had no deficiencies.

(License #12293)