

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/28/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968041	(X3) DATE SURVEY COMPLETED 02/06/2019
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 Standard Biennial survey was conducted on 02/06/2019. Troy & Greg Corp with Limited Mental Health component had no deficiencies identified at the time of the survey.