STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964054	R **02/26/2019**
NAME OF PROVIDER OR SUPPLIER **BRIGHT HORIZONS OF GREENWOOD, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9565 NW 27TH STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 02/26/2019 for Bright Horizons of Greenwood, Inc, License #8786. The previously cited deficiency was found corrected at the time of the survey.