

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968387	(X3) DATE SURVEY COMPLETED 11/01/2016
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 November 1, 2016, a Biennial relicensure survey was conducted at A Place to Grow LLC Assisted Living Facility. A Place to Grow LLC, Assisted Living Facility, had no deficient practise identified during the survey.

(License # 12293)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 10, 2016

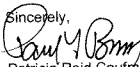
Administrator
A Place To Grow LLC
109 Valley Dr
Brandon, FL 33510

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on November 1, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

1GGN

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