Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D0279056	01/03/2018
Name of Provider or Supplier	**Street Address, City, State**	
John T Grigg Md	9750 Nw 33 St #113, Coral Springs, FL	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
No Tags	No deficiency details available.