

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND BOULEVARD HEALTH AND REHABILITATION

**138 SANDESTIN LN
MIRAMAR BEACH, FL 32550**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A closure monitoring visit was conducted at Grand Boulevard Health and Rehabilitation Assisted Living Facility on 6/16/2022. The facility had no deficiencies at the time of the visit.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER GRAND BOULEVARD HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 138 SANDESTIN LN MIRAMAR BEACH, FL 32550			
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A 000	Initial Comments A change of ownership (CHOW) was conducted at Grand Boulevard Health and Rehabilitation Assisted Living Facility on 6/16/2022. The facility had no deficiencies at the time of the visit.	A 000			

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(X6) DATE