

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/22/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932670	(X3) DATE SURVEY COMPLETED 07/19/2013
NAME OF PROVIDER OR SUPPLIER Grandview	STREET ADDRESS, CITY, STATE, ZIP CODE 1706 Olive Road Pensacola, FL 32514-7553	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A complaint survey #2013007088 was completed 7/19/13 at Grandview Assisted Living Facility. The complaint was not substantiated. The facility had no deficiencies at the time of survey.

RICK SCOTT
GOVERNOR



Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 22, 2013

Administrator
Grandview
1706 Olive Road
Pensacola, FL 32514-7553

Re: CCR #2013007088

Dear Administrator:

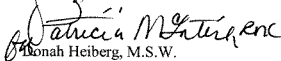
This letter reports the findings of a complaint survey completed on July 19, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact me at 850-412-4540.

Sincerely,


Monah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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