

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910126	(X3) DATE SURVEY COMPLETED 08/05/2013
NAME OF PROVIDER OR SUPPLIER Grand Villa Of Altamonte Springs	STREET ADDRESS, CITY, STATE, ZIP CODE 433 Orange Drive Altamonte Springs, FL 32701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A complaint inspection CCR#2012012464 was conducted on 08/05/2013.

There were no no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2013

Administrator
Grand Villa Of Altamonte Springs
433 Orange Drive
Altamonte Springs, FL 32701

Re: CCR #2012012464

Dear Administrator:

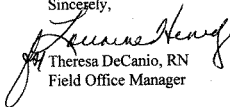
This letter reports the findings of a complaint survey completed on August 5, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be

Enclosure

