

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/31/2013  
FORM APPROVED

|                                                                                                        |                                                                                                |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910336</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>10/30/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Grand Villa Of Ormond Beach</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>535 North Nova Road<br/>Ormond Beach, FL 32174</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-10/30/2013

0151-Physical Plant - Existing Facilities-10/30/2013

0152-Physical Plant - Safe Living Environ/other-10/30/2013



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 31, 2013

Administrator  
Grand Villa of Ormond Beach  
535 North Nova Road  
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 30, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

JM/KW/sm  
Enclosure

