

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/28/2013  
FORM APPROVED

|                                                                                                        |                                                                                                      |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966140</b>                            | (X3) DATE SURVEY COMPLETED<br><br><b>10/07/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Bishop Grady Villas</b>                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>401 Bishop Grady Court<br/>Saint Cloud, FL 34770</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                      |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

10/28/13 AMENDED STATE FORM

Amended initial comments to reflect there were no deficiencies 10/28/13.

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An unannounced re-licensure survey was conducted at Bishop Grady Villas on 10/7/13.

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**October 28, 2013 (amended state form)**

October 24, 2013

Administrator  
Bishop Grady Villas  
401 Bishop Grady Court  
Saint Cloud, FL 34770

**RE: Abbreviated Biennial**

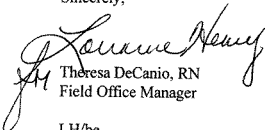
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 7, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

