

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932670	(X3) DATE SURVEY COMPLETED 01/06/2014
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

An unannounced visit was made to Grandview on 1/2/14 for Limited Nursing Services (LNS) monitoring. There were no citations noted during the monitoring visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2014

Administrator
Grandview
1706 Olive Road
Pensacola, FL 32514-7553

Dear Administrator:

This letter reports findings of a state licensure survey (LNS monitoring) that was conducted on January 6, 2014 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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

