

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964733	(X3) DATE SURVEY COMPLETED 12/31/2013
NAME OF PROVIDER OR SUPPLIER Grandview Living	STREET ADDRESS, CITY, STATE, ZIP CODE 3250 Douglas Ferry Road Bonifay, FL 32425	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On December 30-31, 2013 at Grandview Living Assisted Living Facility, an unannounced abbreviated biennial survey was conducted. There were no deficient practice identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2014

Administrator
Grandview Living
3250 Douglas Ferry Road
Bonifay, FL 32425

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 30, 2013 and December 31, 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 me at 850-412-4540.

Sincerely,


for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

1GGN

