

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 01/28/2014  
FORM APPROVED

|                                                                                                        |                                                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968544</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>01/21/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Grammy's House Corp</b>                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3401 Lakewood Dr<br/>Melbourne, FL 32904</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

**Revisit Corrected Tags:**

0078-Staffing Standards - Staff-01/21/2014

Z815-Background Screening; Prohibited Offenses-01/21/2014

**Specific Tag Findings:**

0000-Initial Comments

1/21/14 desk review completed to LNS monitoring done on 1/7/14. There were no deficiencies at the time of the review.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 28, 2014

Administrator  
Grammy's House Corp  
3401 Lakewood Dr  
Melbourne, FL 32904

RE: Desk review to LNS monitoring

Dear Administrator:

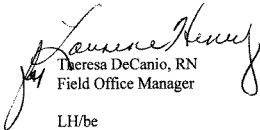
This letter reports the findings of a state licensure desk review completed on January 21, 2014 by representative(s) of this office.

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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

