

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967699	(X3) DATE SURVEY COMPLETED 02/03/2014
NAME OF PROVIDER OR SUPPLIER Grande, Llc (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 725 Desoto Avenue Brooksville, FL 34601	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0053-Medication - Administration-02/03/2014

0000-Initial Comments

On 02/03/2014, an unannounced follow-up survey to a Change of Ownership and complaints, CCR 2013011373 and 2013011905 was conducted at The Grande Assisted Living Facility in Brooksville, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2014

Administrator
Grande, LLC, The
725 Desoto Avenue
Brooksville, FL 34601

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 3, 2014 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

