

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910336	(X3) DATE SURVEY COMPLETED 06/13/2014
NAME OF PROVIDER OR SUPPLIER Grand Villa Of Ormond Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 535 North Nova Road Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

An unannounced licensure capacity increase visit was conducted on June 13, 2014 at Grand Villa at Ormond Beach. No deficiencies were identified during the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 23, 2014

Administrator
Grand Villa Of Ormond Beach
535 North Nova Road
Ormond Beach, FL 32174

Dear Administrator:

This letter reports findings of a state licensure capacity increase survey that was conducted on June 13, 2014 by a representative 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

