

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968003	(X3) DATE SURVEY COMPLETED 06/18/2014
NAME OF PROVIDER OR SUPPLIER Grand Villa Of Melbourne	STREET ADDRESS, CITY, STATE, ZIP CODE 964 S Harbour City Blvd Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

6/19/2014 Capacity increase/expansion survey conducted. Capacity increased from 120 to 130 residents. Grand Villa of Melbourne had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 20, 2014

Administrator
Grand Villa Of Melbourne
964 S Harbour City Blvd
Melbourne, FL 32901

RE: Cap increase/expansion of beds

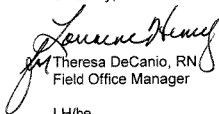
Dear Administrator:

This letter reports findings of a state licensure expansion survey that was conducted on June 18, 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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