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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910126</b>                            | (X3) DATE SURVEY COMPLETED<br><br><b>10/16/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Grand Villa Of Altamonte Springs</b>                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>433 Orange Drive<br/>Altamonte Springs, FL 32701</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                      |                                                     |

**Revisit Corrected Tags:**

0082-Training - Hiv/aids-10/14/2014

0086-Training - Adrd-10/14/2014

**Specific Tag Findings:**

0000-Initial Comments

Revisit to the Limited Nursing Services (LNS) monitoring visit was conducted on 10/14/14, 10/15/14 and 10/16/14 in conjunction with the re-licensure survey with LNS, Complaint inspections CCR#2014008458 and CCR#2014009646. Grand Villa of Altamonte Springs Assisted Living Facility had no deficiencies found at the time of the visit pertaining to LNS.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 21, 2014

Administrator  
Grand Villa Of Altamonte Springs  
433 Orange Drive  
Altamonte Springs, FL 32701

RE: 2nd revisit to LNS monitoring

Dear Administrator:

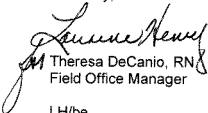
This letter reports the findings of a state licensure survey revisit conducted on October 16, 2014 by representative(s) of this office.

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

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