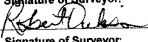


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11910336	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/1/2015
Name of Facility GRAND VILLA OF ORMOND BEACH		Street Address, City, State, Zip Code 535 NORTH NOVA ROAD ORMOND BEACH, FL 32174

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0030</u> Correction Completed 07/01/2015 Reg. # <u>58A-5.0182(6) FAC: 429.28</u> LSC _____		ID Prefix <u>A0052</u> Correction Completed 07/01/2015 Reg. # <u>58A-5.0185(3) FAC</u> LSC _____		ID Prefix <u>A0055</u> Correction Completed 07/01/2015 Reg. # <u>58A-5.0185(6) FAC</u> LSC _____	
ID Prefix <u>A0082</u> Correction Completed 07/01/2015 Reg. # <u>58A-5.0191(3) FAC</u> LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	
ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	
ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	
ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____		ID Prefix _____ Correction Completed Reg. # _____ LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: <u>7-8-15</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	CMS RO _____			

Followup to Survey Completed on:
4/28/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2015

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

Dear Administrator:

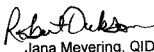
This letter reports the findings of a state licensure survey revisit conducted on July 1, 2015 by a representative of this office.

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.

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
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/JM/sm
Enclosure

DT9D

