Separator Page

Assisted Living Facility

GRAND VILLA OF ALTAMONTE SPRINGS - File: 11910126

Event ID: YR6612 - Begin Date: 05/08/2015 - CMPLI,REVST,LICEN

Main Fldr: Statement of Deficiencies

Doc Type: Statement of Deficiencies

Key Val: 111906 LIC_ID: 804

DMS ID: 3829 PAGE TYPE: SURV

Scanner Operator/Date_____ #Pgs 2 QA Reviewer/Date_____

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910126	A. Building B. Wing	8/5/2015

Name of Facility
GRAND VILLA OF ALTAMONTE SPRINGS

Street Address, City, State, Zip Code
433 ORANGE DRIVE
ALTAMONTE SPRINGS, FL 32701

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 **A0052** Reg. # **58A-5.0185(3) FAC** 0052 LSC	Correction Completed **08/05/2015**	ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** 0078 LSC	Correction Completed **08/05/2015**	ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** 0081 LSC	Correction Completed **08/05/2015**
ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** 0082 LSC	Correction Completed **08/05/2015**	ID Prefix **A0086** Reg. # **58A-5.0191(9) FAC** 0086 LSC	Correction Completed **08/05/2015**	ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** 0090 LSC	Correction Completed **08/05/2015**
ID Prefix Reg. # ZZZZ LSC	Correction Completed	ID Prefix Reg. # ZZZZ LSC	Correction Completed	ID Prefix Reg. # ZZZZ LSC	Correction Completed
ID Prefix Reg. # ZZZZ LSC	Correction Completed	ID Prefix Reg. # ZZZZ LSC	Correction Completed	ID Prefix Reg. # ZZZZ LSC	Correction Completed
ID Prefix Reg. # ZZZZ LSC	Correction Completed	ID Prefix Reg. # ZZZZ LSC	Correction Completed	ID Prefix Reg. # ZZZZ LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Michelle Dubbage	Date: 8/11/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
5/5/2015

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

August 11, 2015

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

RE: Revisit to #2015001238 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey revisit conducted on August 5, 2015 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

DT9D

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com