

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/10/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964733	(X3) DATE SURVEY COMPLETED 12/09/2015
NAME OF PROVIDER OR SUPPLIER GRANDVIEW LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3250 DOUGLAS FERRY ROAD BONIFAY, FL 32425	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced biennial abbreviated survey was conducted at Grandview Assisted Living in Bonifay, FL on 12/9/15. At the time of survey there were no deficiencies identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 11, 2015

Administrator
Grandview Living
3250 Douglas Ferry Road
Bonifay, FL 32425

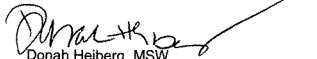
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 9, 2015 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 me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

