

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/18/2015  
FORM APPROVED

|                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968003</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>12/15/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRAND VILLA OF MELBOURNE</b>                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>964 S HARBOUR CITY BLVD<br/>MELBOURNE, FL 32901</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                            |                                                                                                 |                                                     |
| <p><b>0000 Initial Comments</b></p> <p>On 12/15/2015 a licensure survey for capacity increase from 130 residents to 155 was conducted at Grand Villa of Melbourne. Grand Villa of Melbourne had no deficiencies found related to the capacity increase, at the time the visit.</p> |                                                                                                 |                                                     |



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 18, 2015

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

**RE: Capacity increase**

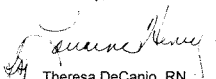
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 15, 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 Lorraine Henry at (407) 420-2502.

Sincerely,

  
Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

1GGN

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