STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968698	02/17/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 34TH STREET SOUTH** **SAINT PETERSBURG, FL 33711**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint investigations (CCR# 2015012310 & CCR# 2016001494) were conducted at Grand Villa of St. Petersburg on 2/17/16. Grand Villa of St. Petersburg, Assisted Living Facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 1, 2016

Administrator
Grand Villa of St Petersburg
3600 34th Street South
Saint Petersburg, FL 33711

RE: CCR# 2015012310 & CCR# 2016001494

Dear Administrator:

This letter reports the findings of two complaint surveys completed on February 17, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during these surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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