

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968698	(X3) DATE SURVEY COMPLETED 05/27/2016
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

License #12561

A Complaint survey (CCR# 2016004630) was conducted on 5/27/16. The Grand Villa of St. Petersburg assisted living facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 8, 2016

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

RE: CCR #2016004630

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 27, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,


Patricia Reid Cuffman
Field Office Manager

PRC/cit
Enclosure: State (5000-3547) Form

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