

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910126	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ALTAMONTE SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on 6/07/2016 at Grand Villa Of Altamonte Springs license #7103. Grand Villa Of Altamonte Springs had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2016

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

RE: Limited Nursing Services monitoring

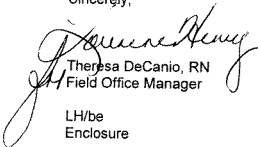
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 7, 2016, 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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