AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910091	**06/02/2016**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **2111 LAKELAND HILLS BLVD.** **LAKELAND, FL 33805**	

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

0000 Initial Comments

Assisted Living Facility

A change of ownership with LNS in conjunction with a complaint (CCR#2016005355) survey ASPEN Q17K11 was conducted on 6/2/16 at Grand Villa Lakeland. No deficiencies were found at the time of the survey. License # 6107

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2016

Administrator
Grand Villa Lakeland
2111 Lakeland Hills Blvd.
Lakeland, FL 33805

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that was conducted on June 2, 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure

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