

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910091	(X3) DATE SURVEY COMPLETED 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 complaint CCR#201605355 in conjunction with a change of ownership with LNS (ASPEN 82JL11) survey was conducted at Grand Villa Lakeland on 6/2/16. No deficiencies were found at the time of the investigation. License #6107		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2016

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

RE: CCR #2016005355

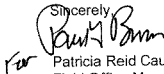
Dear Administrator:

This letter reports the findings of a complaint survey completed on June 2, 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 Cauffman
Field Office Manager

PRC/clt
Enclosure; State (5000-3547) Form

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