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 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,

For Patricia Reid Caufman
Field Office Manager

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

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St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida