RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2016

Administrator
Grandview
1706 Olive Road
Pensacola, FL 32514-7553

RE: CCR #2016008597

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 19, 2016 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

Kristi Combs RNC
FOR Donah Heiberg, M.S.W.
Fierld Office Manager

Dh/kc
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932670	**09/19/2016**
NAME OF PROVIDER OR SUPPLIER **GRANDVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **1706 OLIVE ROAD** **PENSACOLA, FL 32514**	

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

0000 Initial Comments

An unannounced complaint survey was conducted at Grandview, license #7371. No deficient practice was identified at the time of the survey.