AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968698	10/06/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 34TH STREET SOUTH SAINT PETERSBURG, FL 33711**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016010095), was completed in conjunction with a revisit to a biennial re-licensure survey at Grand Villa of St. Petersburg on 10/06/16. Deficient practice was not identified during the survey.

(License # 12561)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 14, 2016

Administrator
Grand Villa of St Petersburg
3600 34th Street South
Saint Petersburg, FL 33711

RE: Revisit & **CCR# 2016010095**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey completed on October 6, 2016, by representative(s) of this office.

Attached are the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were corrected relative to the revisit, and the 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(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form 5000-3547 & Revisit Report

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