

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968003	(X3) DATE SURVEY COMPLETED R 04/24/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 964 S HARBOUR CITY BLVD MELBOURNE, FL 32901	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 04/24/2017. Grand Villa of Melbourne, License # 11991 had no deficiencies at the time of the visit.