

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910336	(X3) DATE SURVEY COMPLETED R 04/20/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ORMOND BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 535 NORTH NOVA ROAD ORMOND BEACH, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments The deficiencies was corrected at the time of the desk review.		