

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910091	(X3) DATE SURVEY COMPLETED R 06/05/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF 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 Desk Review was conducted on 06/05/17. The deficiencies previously identified during the LNS survey on 03/31/17 were corrected during the review. Lic # 6107		