

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968003	(X3) DATE SURVEY COMPLETED 06/05/2017
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 Complaint investigation #2017002646 was conducted on 6/5/2017. Grand Villa of Melbourne license #11991 had no deficiencies found at the time of the visit