

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911225	(X3) DATE SURVEY COMPLETED 08/03/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ENGLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR #2017007421 was conducted 8/2/17 through 8/3/17 at Grand Villa of Englewood, an assisted living facility (license #5501) in Englewood, Florida. The complaint contained 2 allegations, of which 1 was unsubstantiated and 1 was substantiated without deficiency. No deficiencies related to this complaint were found at the time of the visit.		