

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968957	(X3) DATE SURVEY COMPLETED 08/08/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 350 E INTERNATIONAL SPEEDWAY BLVD DE LAND, FL 32724	

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

0000 - Initial Comments

Two unannounced complaint investigations (CCR #2017006997 & CCR #2017005213) were conducted on 8/8/2017 at Grand Villa Of DeLand. The facility had no deficiencies at the time of the visit.