

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969235	(X3) DATE SURVEY COMPLETED 07/31/2017
NAME OF PROVIDER OR SUPPLIER GRAND LIVING AT CITRUS HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 850 W NORVELL BRYANT HWY HERNANDO, FL 34442	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on July 31, 2017 at Grand Living at Citrus Hills, Hernando, FL. No deficient practice was identified at the time of the survey.