

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966140	(X3) DATE SURVEY COMPLETED R 11/29/2017
NAME OF PROVIDER OR SUPPLIER BISHOP GRADY VILLAS	STREET ADDRESS, CITY, STATE, ZIP CODE 401 BISHOP GRADY COURT SAINT CLOUD, FL 34770	

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

0000 - Initial Comments

A revisit to a re-licensure survey was conducted on 11/29/17. Bishop Grady Villas, license #10398, did not have any deficiencies at the time of the visit.