

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910091	(X3) DATE SURVEY COMPLETED 12/11/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF LAKELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 LAKELAND HILLS BLVD. LAKELAND, FL 33805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A biennial state licensure survey was conducted in conjunction with a complaint survey , (CCR# 2017011320), at Grand Villa of Lakeland, Assisted Living Facility, on 12/11/2017. Grand Villa of Lakeland, Assisted Living Facility, had no deficient practice identified at the time of the visit. (License # 6107)		