STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910336	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 NORTH NOVA ROAD** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

Two unannounced Assisted Living Facility Complaints (CCR #20170990 & CCR #201713596) were conducted on 12/14/2017. Grand Villa of Ormond Beach (License #7460). The facility had no licensure deficiencies at the time of the visit.