STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943145	R 09/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND BOULEVARD HEALTH AND REHABILITATION CENTER	**138 SANDESTIN LN DESTIN, FL 32541**

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

0000 - Initial Comments

On 9/15/17, a desk review revisit was completed for the abbreviated licensure survey dated 7/18/17 at Grand Boulevard Assisted Living Facility (license #7140). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.