STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932670	R **09/29/2017**
NAME OF PROVIDER OR SUPPLIER **GRANDVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **1706 OLIVE ROAD** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

On 9/29/17, a desk review revisit survey was completed for the biennial licensure survey with Limited Nursing Services dated 8/24/17 for Grandview Assisted Living Facility (license # 7371). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.