STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910126	R **12/27/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ALTAMONTE SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **433 ORANGE DRIVE** **ALTAMONTE SPRINGS, FL 32701**	

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

0000 - Initial Comments

A revisit to the complaint investigation #2017001710 was conducted on 12/27/2017. Grand Villa of Altamonte Springs, License#7103, did not have deficiencies at the time of the visit.