

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910126	(X3) DATE SURVEY COMPLETED 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 complaint investigation #2017010360 was conducted on 12/27/2017. Grand Villa of Altamonte Springs, License #7103, did not have deficiencies at the time of the visit.