| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969235** | **01/11/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**GRAND LIVING AT CITRUS HILLS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**850 W NORVELL BRYANT HWY**<br>**HERNANDO, FL 34442** | |

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

**0000 - Initial Comments**

On January 11, 2018, an unannounced complaint survey (CCR # 2017015739) was conducted at Grand Living at Citrus Hills Assisted Living Facility (license # 13042), Hernando, FL. No deficient practice was identified at the time of survey.