STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964733	**03/21/2018**
NAME OF PROVIDER OR SUPPLIER **GRANDVIEW LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3250 DOUGLAS FERRY ROAD** **BONIFAY, FL 32425**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted at Grandview Assisted Living Facility (license #9275) on 3/21/2018. At the time of survey, there were no deficiencies identified.