STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	R **06/11/2018**
NAME OF PROVIDER OR SUPPLIER **GRANDE, LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 DESOTO AVENUE** **BROOKSVILLE, FL 34601**	

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

0000 - Initial Comments

A follow-up visit to a Change of Ownership Survey was conducted at The Grande Assisted Living Facility (License # 11732) on 06/11/2018. Previously cited deficiencies were found corrected and no deficient practice found at the time of the survey.