

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910336	(X3) DATE SURVEY COMPLETED 06/26/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ORMOND BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 535 NORTH NOVA ROAD ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

An unannounced complaint inspection, CCR #2018005470, was conducted on 6/26/2018 at Grand Villa Of Ormond Beach (License #7460). Grand Villa Of Ormond Beach had no deficiencies at the time of the visit.