STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932670	**04/03/2018**
NAME OF PROVIDER OR SUPPLIER **GRANDVIEW RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1706 OLIVE ROAD** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018002110 was conducted at Grandview Retirement Center, state license #7371, on 4/3/2018 in conjunction with a Change of Ownership (CHOW) survey and Limited Nursing Services (LNS) monitoring visit. At the time of the survey, no deficient practice was identified related to the complaint; however, there was defiient practice related to the CHOW portion of the survey.