STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932670	R **05/21/2018**
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

On May 21, 2018, a desk review revisit survey was completed for the Change Of Ownership (CHOW) licensure survey ending April 3, 2018 at Grandview Retirement Center, state license #7371. Based on an acceptable plan of correction and supporting documentation, deficiencies were found corrected.