

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910126	(X3) DATE SURVEY COMPLETED 06/26/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ALTAMONTE SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701	

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

0000 - Initial Comments

A Complaint Investigation #2018009191 was conducted on 6/25/18 and 6/26/18. Grand Villa of Altamonte Assisted Living Facility, License #7103 had no deficiencies at the time of the visit.