

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968698	(X3) DATE SURVEY COMPLETED 09/10/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ST PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 34TH STREET SOUTH SAINT PETERSBURG, FL 33711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey (CCR# 2018012018 and CCR #2018009668) in conjunction with biennial survey was conducted on 09/10/2018 at Grand Villa of St. Petersburg (License #12561), an assisted living facility located in St. Petersburg, Florida. There were no deficiencies related to the complaint identified during the survey.		