

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910336	(X3) DATE SURVEY COMPLETED 11/07/2018
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 survey, CCR# 2018012508, CCR# 2018012143 and CCR#2018012259, was conducted on November 6, 2018 and November 7, 2018 at Grand Villa of Ormond Beach (License #AL7460). Grand Villa of Ormond Beach had no deficiencies found at the time of the investigation . Unannounced complaint surveys, (CCR# 2018012508 and CCR# CCR#2018012259) were conducted on 11/6-7/18 at Grand Villa Ormond Beach ALF, license number #7460. Deficient practice was not identified at the time of the survey.		