

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967699	(X3) DATE SURVEY COMPLETED R-C 08/16/2018
NAME OF PROVIDER OR SUPPLIER GRANDE, LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 725 DESOTO AVENUE BROOKSVILLE, FL 34601	

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

0000 - Initial Comments

On 8/16/2018, an unannounced follow-up to the biennial survey was conducted at The Grande (License #11732) No deficient practice was identified at the time of the survey.