

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968003	(X3) DATE SURVEY COMPLETED 10/01/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 964 S HARBOUR CITY BLVD MELBOURNE, FL 32901	

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

0000 - Initial Comments

A complaint investigation #2018010735 was conducted on 10/01/2018. Grand Villa of Melbourne, license #11991, did not have any deficiencies at the time of the investigation.