STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910126	R **10/30/2018**
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

The revisit to the re-licensure survey was conducted on 10/30/18. Grand Villa Altamonte Springs, License #7803, had no deficiencies found at the time of the visit.