

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968957	(X3) DATE SURVEY COMPLETED 12/03/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 350 E INTERNATIONAL SPEEDWAY BLVD DE LAND, FL 32724	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018017522) was conducted at Grand Villa of DeLand on 12/3/18, and there were no deficiencies at the time of survey.