| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969235** | R-C<br>**03/22/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**GRAND LIVING AT CITRUS HILLS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**850 W NORVELL BRYANT HWY**<br>**HERNANDO, FL 34442** | |

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

**0000 - Initial Comments**

On , , a desk review was conducted on Grand Living at Citrus Hills Assisted Living facility (license#13042). No deficient practice was identified.

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**