

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911225	(X3) DATE SURVEY COMPLETED 11/05/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ENGLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR#s 2018015547 and 2018015063 was conducted on 11/5/18 at Grand Villa of Englewood, an assisted living facility (license #5501) in Englewood, Florida. CCR# 2018015547 contained two allegations of which one was substantiated without citation and one was unsubstantiated. CCR# 2018015063 contained two allegations which were not substantiated. No deficiencies were found at the time of the visit.		