

**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 02/06/2019
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# 2018017745, 2018016689, and 2018018214 was conducted on 2/6/19 at Grand Villa of Englewood, an assisted living facility (license #5501) in Englewood, Florida. CCR# 2018017745 contained two allegations which were unsubstantiated. CCR# 2018016689 contained one allegation which was unsubstantiated. CCR# 2018018214 contained two allegations which were unsubstantiated No deficiencies were found at the time of the visit.		