STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	R-C **03/06/2019**
NAME OF PROVIDER OR SUPPLIER **GRANDE, LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 DESOTO AVENUE** **BROOKSVILLE, FL 34601**	

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

0000 - Initial Comments

On March 6, 2019, an unannounced follow-up to complaint investigation survey (CCR #2018016132 and CCR #2018016382) was conducted at The Grande Assisted Living Facility. No deficient practice was identified at the time of the survey.