

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968003	(X3) DATE SURVEY COMPLETED 03/20/2019
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 964 S HARBOUR CITY BLVD MELBOURNE, FL 32901	

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

0000 - Initial Comments

An unannounced complaint investigation (CCR 2019000169) was conducted on 3/20/19. Grand Villa of Melbourne (license 11991), had no deficiencies at the time of the visit.