STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967699	C **04/05/2019**
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

An unannounced bed increase survey was conducted on . . . . . at The Grande Assisted Living Facility in Brooksville, FL. No deficient practice was identified at the time of the survey.

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