

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910091	(X3) DATE SURVEY COMPLETED 04/22/2019
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF LAKELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 LAKELAND HILLS BLVD. LAKELAND, FL 33805	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019001819) was conducted at Grand Villa of Lakeland on 4/22/19. The facility had no deficiencies at the time of the survey.