STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910336	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 NORTH NOVA ROAD** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

An abbreviated re-licensure survey with emergency power plan monitoring visit was conducted at Grand Villa of Ormond Beach on May 8, 2019. The provider had no deficiencies at the time of the visit.