

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910126	(X3) DATE SURVEY COMPLETED 05/03/2019
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ALTAMONTE SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701	

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

0000 - Initial Comments

A complaint investigation #2019001958 was conducted at Grand Villa of Altamonte Springs Assisted Living Facility, License #7103 on 5/3/2019. The facility had no deficiencies at the time of the survey.