

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911225	(X3) DATE SURVEY COMPLETED 04/11/2019
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ENGLEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced emergency power plan monitoring survey was conducted on 4/11/19 at Grand Villa of Englewood, an assisted living facility in Englewood, Florida. No deficiencies were identified at the time of the survey.		