

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/07/2019  
FORM APPROVED

|                                                                |                                                                                                        |                                                                     |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966140</b>                            | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>05/24/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BISHOP GRADY VILLAS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>401 BISHOP GRADY COURT</b><br><b>SAINT CLOUD, FL 34770</b> |                                                                     |

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

**0000 - Initial Comments**

A desk Review to an unannounced monitoring visit related to emergency environmental control plan was conducted at Bishop Grady Villas, located in St. Cloud, Florida on 5/24/2019. Deficiency was corrected