

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968957	(X3) DATE SURVEY COMPLETED 02/04/2016
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 350 E INTERNATIONAL SPEEDWAY BLVD DE LAND, FL 32724	

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

0000 Initial Comments

An initial licensure survey was conducted at Grand Villa of DeLand on February 4, 2016. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 18, 2016

Administrator
Grand Villa of DeLand
350 E International Speedway Blvd.
De Land, FL 32724

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on February 4, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,


Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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