

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968698	(X3) DATE SURVEY COMPLETED 05/16/2019
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF ST PETERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 34TH STREET SOUTH SAINT PETERSBURG, FL 33711	

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

0000 - Initial Comments

A complaint investigation (complaint numbers 2019002291) was conducted at Grand Villa Of St Petersburg on 5/16/19. The facility had no deficiencies at the time of the survey.