STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	09/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Delray East	14555 Sims Road Delray Beach, FL 33484	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments
The inspection of Complaints 2013006287, 2013006293, 2013007212, 2013007489, 2013007590, 2013008076, 2013008825 and 2013002415 were conducted on 9/16-9/17/13. Grand Villa of Delray East (Assisted Living Facility) had licensure deficiencies found at the time of the visit.

This survey was conducted in conjunction with the Follow Up Surveys to Complaints 2012013036, 2012011719, 2013002704, 2013002988 and 2013006283 as well as an Assisted Living Facility Change of Ownership (CHOW) with ECC (extended congregate care) survey. Please see separate reports for the findings.

All deficient practice found directly or indirectly related to the complaints were documented under the CHOW survey report (Q7TO11).

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 31, 2013

Administrator
Grand Villa Of Delray East
14555 Sims Road
Delray Beach, FL 33484

Re: Change of Ownership (CHOW), Extended Congregate Care (ECC) and Complaints Surveys

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on September 17, 2013 by representatives from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **October 27, 2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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