STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	**11/27/2013**
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)		

Specific Tag Findings:

0000-Initial Comments

Six complaint inspections CCR #2013010410; CCR #2013010816; CCR #2013011035; CCR #2013011686; CCR #2013011916 and CCR #2013012282 were conducted on 11/26/2013-11/27/2013. Grand Villa of Delray East did not have licensure deficiencies identified at the time of this inspection.

An Assisted Living Revisit Inspection was conducted in conjunction with the complaint inspections. Please see separate report for findings.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 29, 2014

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

RE: CCR# 2013010410, CCR# 2013010816, CCR# 2013011035, CCR# 2013011686, CCR# 2013011916 & CCR #2013012282

Dear Administrator:

This letter reports the findings of complaint surveys conducted on November 26, 2013 and November 27, 2013 by representatives of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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