

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968466	(X3) DATE SURVEY COMPLETED 12/13/2013
NAME OF PROVIDER OR SUPPLIER Grand Villa Of Delray West	STREET ADDRESS, CITY, STATE, ZIP CODE 5859 Heritage Pkwy Delray Beach, FL 33484	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection survey (CCR #2013008033 & CCR #2013010858), was conducted on 12/13/13 at Grand Villa at Delray West. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 13, 2014

Administrator
Grand Villa Of Delray West
5859 Heritage Pkwy
Delray Beach, FL 33484

RE: CCR #2013008033 & CCR #2013010858

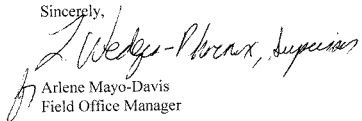
Dear Administrator:

This letter reports findings of complaint surveys that were conducted on December 13, 2013 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

