

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968466	(X3) DATE SURVEY COMPLETED 09/15/2014
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)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-09/15/2014

0000-Initial Comments

An unannounced follow-up to the complaint surveys # 2014003482 and #2014004089 was conducted on 9/15/14. Grand Villa of Delray West had no deficiencies found at the time of the re-visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 29, 2014

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

RE: CCR #2014003482 and #2014004089

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on September 15, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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/dso
Enclosure: State form 5000-3547

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