

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910377	(X3) DATE SURVEY COMPLETED 02/27/2015
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NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELRAY EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 14555 SIMS ROAD DELRAY BEACH, FL 33484
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Moratorium Monitoring (Wellness Monitoring) survey was conducted on 02/27/15 at Grandvilla Delray East. The facility had no deficiencies identified at time of the visit.