

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/16/2015  
FORM APPROVED

|                                                                                                         |                                                                                            |                                                     |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                               | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910377</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>02/12/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRAND VILLA OF DELRAY<br/>EAST</b>                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14555 SIMS ROAD<br/>DELRAY BEACH, FL 33484</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

**0000 - Initial Comments**

An unannounced Moratorium Monitoring (Wellness Monitoring) survey was conducted on 02/12/15 at Grandvilla Delray East. The facility had no deficiencies identified at time of the visit.