

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968466	(X3) DATE SURVEY COMPLETED 07/24/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On 7/23/2015 a complaint survey (CCR#2015005929) was conducted at Grand Villa of Delray West. At the time of the survey, no deficient practice was found.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2015

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

RE: CCR #2015005929

Dear Administrator:

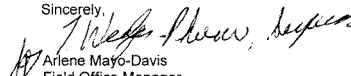
This letter reports the findings of a complaint survey completed on July 23, 2015 and July 24, 2015 by a representative of this office.

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 representative. 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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