STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	**10/21/2015**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY EAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **14555 SIMS ROAD** **DELRAY BEACH, FL 33484**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A moratorium monitoring survey was conducted on October 8, 2015 and October 21, 2015 at Grand Villa of Delray East. The facility had not deficiencies at the time of the visit.

The above survey was conducted in conjunction with complaint surveys, CCR #2015007743 and CCR #2015008106. Please refer to separate report for findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 3, 2015

Administrator
Grand Villa Of Delray East
14555 Sims Road
Delray Beach, FL 33484

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a monitoring survey that was conducted on October 8, 2015 and October 21, 2015 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

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