



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 17, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 10, 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/dit  
Enclosure

1GGN



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 08/17/2016  
FORM APPROVED**

|                                                                                                         |                                                                                            |                                                     |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11910377</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>06/10/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>GRAND VILLA OF DELRAY 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 06/10/15 at Grandvilla Delray East. The facility had no deficiencies identified at time of the visit.