STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	R **03/06/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE** **DEERFIELD BEACH, FL 33442**	

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

0000 - Initial Comments

An unnanounced desk review revisit to the Change of Ownership survey was completed on 3/6/17. The facility had no deficiencies identified at the time of the survey.