

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968466	(X3) DATE SURVEY COMPLETED 04/17/2017
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

An unannounced licensure complaint survey (CCR #2017000597) was conducted on 4/17/2017 at Grand Villa of Delray West (License #12362). The facility had no deficiencies identified at the time of the visit.