STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	R **09/06/2017**
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 relicensure revisit survey was conducted by desk review on 09/06/17 at Grand Villa Delray East (License#5113). The facility had no uncorrected deficiencies at the time of the survey.