

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932640	(X3) DATE SURVEY COMPLETED 12/26/2017
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1935 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR# 2017011048, was conducted on 12/26/17 at Grand Villa of Boynton Beach, License #8189. The facility had no deficiencies at the time of the investigation.		