

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932640	(X3) DATE SURVEY COMPLETED 01/24/2018
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 A change in use of space survey was conducted at Grand Villa of Boynton Beach (License #8189) on 01/23/2018 and 1/24/2018. The facility had no deficiencies at the time of the visit. The above change in use of space survey was conducted in conjunction with the Relicensure survey. Please see separate report.		