

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932640	(X3) DATE SURVEY COMPLETED R 03/19/2018
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

An unannounced relicensure revisit was conducted on 03/19/2018 at Grand Villa of Boynton Beach, License #8189. All outstanding deficiencies were corrected.