

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963790	(X3) DATE SURVEY COMPLETED R 03/19/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DEERFIELD BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to licensure complaint, CCR #2017010434 survey was conducted on 3/19/18 at Grand Villa of Deerfield Beach, License #8697. The facility had no deficiencies at the time of the visit.