

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/17/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910377	(X3) DATE SURVEY COMPLETED 04/10/2018
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

An unannounced licensure complaint survey, CCR# 2018000483, was conducted on 04/10/2018 at Grand Villa Of Delray East, License # 5113. The facility had no deficiencies at the time of the investigation.