

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932640	(X3) DATE SURVEY COMPLETED 04/03/2018
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 licensure complaint survey, CCR #2018000772 was conducted on 4/3/18 at Grand Villa of Boynton Beach, License #8189. There were no deficiencies at the time of the survey.		