STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968466	**07/30/2018**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **5859 HERITAGE PKWY** **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# 2018006574, was conducted on 07/30/2018 at Grand Villa Of Delray West, License # 12362. The facility had no deficiencies at the time of the investigation.