

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968466	(X3) DATE SURVEY COMPLETED R 08/09/2018
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

A revisit to complaint survey, CCR #2018005206 was conducted by desk review on 08/09/2018 for Grand Villa of Delray West, License #12362. All outstanding citations were corrected.