

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910377	(X3) DATE SURVEY COMPLETED 09/06/2018
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#2018008746 was conducted on 9/06/18 at Grand Villa of Delray East, License #5113. The facility had no deficiencies identified at the time of the survey.