

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910377	(X3) DATE SURVEY COMPLETED R 01/14/2019
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 Relicensure revisit survey was conducted by desk review on 01/14/2019 for Grand Villa of Delray East, License #5113. The facility corrected all outstanding deficiencies at the time of the survey.