

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932640	(X3) DATE SURVEY COMPLETED 01/18/2019
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#2018015867 was commenced on 1/9/2019 and concluded on 1/18/2019 at Grand Villa of Boynton Beach , License #8189. The facility had no deficiencies identified at the time of the survey.