

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963790	(X3) DATE SURVEY COMPLETED R 03/27/2019
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DEERFIELD BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey revisit, CCR #2018016493 and CCR #2018015568 was conducted on 03/27/2019 at Grand Villa of Deerfield Beach, License #8690. The previously cited deficiencies were found corrected at the time of the survey.