

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910377	(X3) DATE SURVEY COMPLETED 03/28/2019
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 licensure complaint survey, CCR# 2019000202 and 2019001368, was conducted on and at Grand Villa of Delray East, License #5113. The facility had no deficiencies identified at the time of the investigation.		