

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968466	(X3) DATE SURVEY COMPLETED R 05/23/2019
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELRAY WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 5859 HERITAGE PKWY DELRAY BEACH, FL 33484	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to a biennial survey was conducted at Grand Villa Of Delray West on 5/23/19, License # 12362. Previously cited deficiencies were found to be corrected at the time of the survey. A Revisit survey to complaint investigation (complaint#2018018563) was conducted in conjunction with this survey on the same date . See separate report for findings.		