

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910377	(X3) DATE SURVEY COMPLETED 08/01/2017
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 Change of Ownership survey was conducted on _____ & _____ at Grand Villa of Delray East (License #5113). There was a deficiency at the time of the visit.

D152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment and ensure that the facility maintained an environment free of hazards, for 75 of 75 sampled residents.

The Findings Included:

During an observational tour conducted on _____ at approximately 10:30 PM, in the South Hallway on the second floor leading to resident _____. The ceiling is in disrepair, has a brown water stain, and is bubbled around the EXIT sign. Further review revealed a strong smell of mildew in the hallway and the surrounding areas.

During an interview with the Administrator at approximately 2:40 PM, they acknowledged the findings and provided no additional information for review.

Class III