

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910053	(X3) DATE SURVEY COMPLETED 11/21/2013
NAME OF PROVIDER OR SUPPLIER Grace Manor At Lake Morton, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 610 East Lime Street Lakeland, FL 33801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-11/21/2013
 0030-Resident Care - Rights & Facility Procedures-11/21/2013
 0032-Resident Care - Elopement Standards-11/21/2013
 0052-Medication - Assistance With Self-Admin-11/21/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 9, 2013

Administrator
Grace Manor at Lake Morton, LLC
610 East Lime Street
Lakeland, FL 33801

Dear Administrator:

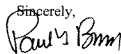
Re: Revisit & CCR# 2013012071

This letter reports the findings of a state licensure revisit survey and a complaint survey that were conducted on November 21, 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisit and the deficiencies identified relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosures: State (5000-3547) Forms

