STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965923	10/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gracious Age	1401 Magnolia Avenue Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0152 - 58A-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:
0000-Initial Comments
Complaint inspection #2014009632 in conjunction with #2014-005384 was conducted on [redacted] Gracious Age Assisted Living Facility had a deficiency found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews the facility did not to ensure repairs were made to the roof that leaked and stained ceiling tiles.

Findings:

Observations on [redacted] at approximately 9:45 AM revealed there was a hole in the activity [redacted] The hall [redacted] across from the administrator's office also had a hole in the ceiling. Further observations revealed that the ceiling tile throughout the facility had brown stains.

During an interview with the administrator on [redacted] at approximately 11 AM, he stated that was currently trying to get the roofing company to come out to give him an estimate. He further explained that each time the roofing company was scheduled to come out it rained and they would call to cancel.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 20 4

Administrator
Gracious Age
1401 Magnolia Avenue
Sanford, FL 32771

RE: CCR #2014009632

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on October 2, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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 after 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 Lorraine Henry at .

Sincerely,

Theresa DeCarlo, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St , Suite S-309
Orlando, FL 32801
Phone:(407) 420-2512; Fax:(407) 245-0998
AHCA.MyFlorida.com