

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968049	(X3) DATE SURVEY COMPLETED 02/23/2015
NAME OF PROVIDER OR SUPPLIER Grace Manor Suites, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 4620 Socrum Loop Rd Lakeland, FL 33809	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2014010605 and CCR# 2015000744, were conducted from 02/11-23/2015.

Grace Manor Suites, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 5, 2015

Administrator
Grace Manor Suites, LLC
4620 Socrum Loop Rd
Lakeland, FL 33809

RE: CCR# 2014010605 & CCR# 2015000744

Dear Administrator:

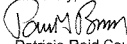
This letter reports the findings of two complaint surveys conducted from February 11-23, 2015, by representative(s) of this office.

Attached is the provider's copy of State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

