STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910053	**03/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grace Manor At Lake Morton, LLC	**610 East Lime Street Lakeland, FL 33801**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

Assisted Living Facility

A complaint survey was conducted on

Grace Manor at Lake Morton, Assisted Living Facility, had a deficiency identified at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview, the facility did not uphold the resident's right to privacy with respect to eleven (11) of twenty-six (26) inspected.

Findings Include:

During the facility tour from between approximately 10:00 am and 11:40 am on and during the remainder of the investigation, the following resident were observed to have without any doors attached: #1, #3, #4, #6, #10, #11, #12, #15, #20, #21 and #33.

An interview with one of the residents living in at approximately 2:00 pm on revealed that "He/she did not like the fact that the not have any door, and that he/she didn't have any privacy when he/she was doing his/her business." In an interview with the administrator at approximately 2:25 pm on she stated that "If without doors were limited to private units, then she thought the situation was acceptable".

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015000257

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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