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

Specific Tag Findings:

Assisted Living Facility

A Biennial survey was conducted on 3/2/15.

The Grace Manor Assisted Living Facility had no deficiencies found during the Biennial survey.

A complaint survey was conducted in conjunction with the Biennial survey (Event ID JNF911). A deficiency was cited on the complaint survey (CCR#2015000257).

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 12, 2015

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

Dear Administrator:

This letter reports findings of a Biennial state licensure survey that was conducted on March 2, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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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