

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/31/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968469	(X3) DATE SURVEY COMPLETED 07/29/2015
NAME OF PROVIDER OR SUPPLIER TOUCH OF GRACE ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3425 SW RIVERA STREET PORT SAINT LUCIE, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An unannounced standard Relicensure survey was conducted on July 29, 2015. Touch Of Grace Assisted Living Facility, LLC had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2015

Administrator
Touch Of Grace Assisted Living Facility, LLC
3425 Sw Rivera Street
Port Saint Lucie, FL 34953

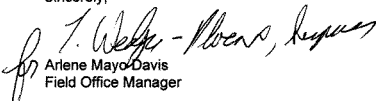
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 29, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Ariene Mayo Davis
Field Office Manager

AMD/dlt
Enclosure

1GGN

