AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910053	**03/04/2016**
NAME OF PROVIDER OR SUPPLIER **GRACE MANOR AT LAKE MORTON, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **610 EAST LIME STREET** **LAKELAND, FL 33801**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2015013222 & 2016000240) was conducted on 3/4/16.

The Grace Manor at Lake Morton, LLC, Assisted Living Facility, had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 15, 2016

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

RE: CCR #2015013222 & 2016000240

Dear Administrator:

This letter reports the findings of two complaint surveys completed on March 4, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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,

Paul M Brown

FOR Patricia Reid Caufman
Field Office Manager

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

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