

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**AMENDED
June 14, 2016**

**PRINTED: 06/14/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968994	(X3) DATE SURVEY COMPLETED 06/10/2016
NAME OF PROVIDER OR SUPPLIER GRACE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 22091 PEACHLAND BLVD PORT CHARLOTTE, FL 33954	

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

0000 Initial Comments

An announced initial licensure survey was conducted 6/2/16 through 6/10/16 at Grace Assisted Living, LLC, an Assisted Living Facility, license number pending, in Port Charlotte, Florida.

No deficiencies were found at the time of the visit. The facility is recommended for a Standard license, with Limited Mental Health specialty, for a capacity of 6, effective 6/10/16.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 14, 216

Administrator
Grace Assisted Living, LLC
22091 Peachland Blvd.
Port Charlotte, FL 33954

RE: AMENDED

Dear Administrator:

As a result of our meeting with your staff, please find enclosed the AMENDED State (5000) Form to include the specialty license.

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: Amended State (5000) Form





RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 10, 2016

Administrator
Grace Assisted Living, LLC
22091 Peachland Blvd
Port Charlotte, FL 33954

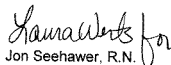
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on June 10, 2016 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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Sincerely,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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