STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968994	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.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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,

Laura Wertsler

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: Amended State (5000) Form

2727 Mahan Drive • Mail Stop #1
Tallahassee, FL 32308

Fort Myers HQA Office
Area Office 08
2295 Victoria Ave, Room 340
Fort Myers, FL 33901

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.**

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 this office at (239) 335-1315.

Sincerely,

Laura Weeks for
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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