

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968677	(X3) DATE SURVEY COMPLETED 07/22/2016
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NAME OF PROVIDER OR SUPPLIER AMAZING GRACE ASSISTED LIVING HOME II, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2257 EDGEWATER DRIVE WEST PALM BEACH, FL 33406
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Relicensure survey was conducted on July 22, 2016 at Amazing Grace Assisted Living Home II, LLC (License #12540). The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 28, 2016

Administrator
Amazing Grace Assisted Living Home II, LLC
2257 Edgewater Drive
West Palm Beach, FL 33406

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a Relicensure survey that was conducted on July 22, 2016 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,



Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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