

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910053	(X3) DATE SURVEY COMPLETED 12/30/2016
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

A biennial survey was conducted at Grace Manor at Lake Morton, LLC, on 12/30/2016. Grace Manor at Lake Morton, LLC, Assisted Living Facility, had no deficient practice identified during survey.

(License # 5717)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 11, 2017

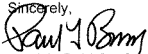
Administrator
Grace Manor at Lake Morton, LLC
610 East Lime Street
Lakeland, FL 33801

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on December 30, 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.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

1GGN

