| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968049** | **03/08/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GRACE MANOR SUITES, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4620 SOCRUM LOOP RD**<br>**LAKELAND, FL 33809** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A complaint survey, (CCR# 2017000982), was conducted at Grace Manor Suites, LLC on 3/08/2017. Grace Manor Suites, LLC, Assisted Living Facility had no deficient practice identified at the time of the visit.

(License # 11995)