

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967955	(X3) DATE SURVEY COMPLETED R 04/17/2017
NAME OF PROVIDER OR SUPPLIER GRACE MANOR ASSISTED LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 HERBERT ST PORT ORANGE, FL 32129	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments An unannounced follow-up visit to a six month survey was conducted at Grace Manor Assisted Living And Memory Care (Lic.#11955) on April 17, 2017 along with the biennial survey. Grace Manor Assisted Living and Memory Care had no deficiencies related to the follow-up survey at the time of the visit.		