STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968049	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **GRACE MANOR SUITES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4620 SOCRUM LOOP RD** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

On April 19, 2017, a biennial state re-licensure survey was conducted at Grace Manor Suites, LLC, assisted living facility (lic# 11995). Grace Manor Suites, LLC had no deficiencies at the time of the visit.