STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965923	**05/11/2017**
NAME OF PROVIDER OR SUPPLIER **GRACIOUS AGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1401 MAGNOLIA AVENUE** **SANFORD, FL 32771**	

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

0000 - Initial Comments

An Expansion visit was conducted on 5/11/2017. Gracious Age Assisted Living Facility with Limited Mental Health (LMH), License #10274 for an expansion-adding 20 more beds from 65 to 85 total beds. There were no deficiencies found at the time of the visit.