STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968994	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GRACE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22091 PEACHLAND BLVD** **PORT CHARLOTTE, FL 33954**	

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

0000 - Initial Comments

An unannounced biennial and limited mental health survey was conducted on 1/16/18 at Grace Assisted Living, LLC, an assisted living facility (license #12849) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.