STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968943	R **08/16/2018**
NAME OF PROVIDER OR SUPPLIER **AMAZING GRACE ASSISTED LIVING HOME III LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1851 EVERGREEN DR** **LAKE CLARKE SHORES, FL 33406**	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 08/16/2018 for Amazing Grace Assisted Living Home III LLC, License #12836. All outstanding deficiencies were corrected.