STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965923	R **08/21/2018**
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

A revisit to Complaint Investigation #2018000616 was conducted on 8/21/18. Gracious Age Assisted Living Facility, License #10274 had no deficiencies at the time of the visit.