STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965923	**01/24/2019**
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 unannounced monitoring visit related to emergency environmental control planning was conducted on 1/24/19. Gracious Age ALF (license #50047) had no deficiencies at the time of the visit.