

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965923	(X3) DATE SURVEY COMPLETED 02/13/2019
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

A Complaint Investigation #2019000676 was conducted on February 13, 2019. Gracious Age, license #10274, did not have a deficiency at the time of the visit.