

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968994	(X3) DATE SURVEY COMPLETED 03/06/2019
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 emergency power plan monitoring survey was conducted on 3/6/19 at Grace Assisted Living, an assisted living facility in Port Charlotte, Florida. No deficiencies were found at the time of the visit.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968994	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRACE ASSISTED LIVING, LLC

**22091 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced emergency power plan monitoring survey was conducted on 3/6/19 at Grace Assisted Living, an assisted living facility in Port Charlotte, Florida. No deficiencies were found at the time of the visit.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE