STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910053	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **GRACE MANOR AT LAKE MORTON, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **610 EAST LIME STREET** **LAKELAND, FL 33801**	

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

0000 - Initial Comments

Assisted Living Facility

On March 6, 2019 a biennial re-licensure survey was conducted at Grace Manor at Lake Morton. At the time of the survey, the facility had no deficient practice.

(License #5217)