

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965923	(X3) DATE SURVEY COMPLETED R 03/27/2019
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 revisit to the re-licensure survey was conducted on 3/27/2019. Gracious Age had no deficiencies at the time of the visit.