

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967955	(X3) DATE SURVEY COMPLETED 04/02/2019
NAME OF PROVIDER OR SUPPLIER GRACE MANOR ASSISTED LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 HERBERT ST PORT ORANGE, FL 32129	

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

0000 - Initial Comments

A biennial re-licensure survey was conducted at Grace Manor Assisted Living and Memory Care on The provider had no deficiencies at the time of the visit.