STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969521	**04/26/2019**
NAME OF PROVIDER OR SUPPLIER **GRACE MANOR AT HUNTERS CREEK, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **765 W GRANT ST** **PLANT CITY, FL 33563**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted at Grace Manor at Hunters Creek, LLC an Asssited Living Facility on 04/26/2019. The provider had no deficiencies at the time of the visit.