

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/20/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953284	(X3) DATE SURVEY COMPLETED 12/12/2013
NAME OF PROVIDER OR SUPPLIER Savannah Court Of Maitland	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. Maitland Blvd Maitland, FL 32751	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A re-licensure survey was conducted in conjunction with Complaint Inspection #2013010484 on 12/13/13.

Savannah Court of Maitland Assisted Living Facility did not have any deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 20, 2013

Administrator
Savannah Court Of Maitland
1301 W. Maitland Blvd
Maitland, FL 32751

RE: Biennial relicensure

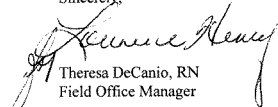
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 12, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

