

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED 12/20/2013
NAME OF PROVIDER OR SUPPLIER Savannah Court Of The Palm Bea	STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. Congress Avenue West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced complaint survey inspection (CCR# 2013012669) was conducted on 12/20/13 at Savannah Court of the Palm Beaches. The allegations were not substantiated. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 31, 2013

Administrator
Savannah Court Of The Palm Beaches
2090 N. Congress Avenue
West Palm Beach, FL 33401

Re: CCR #2013012669

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 20, 2013 by representatives from this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representatives. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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