

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965383	(X3) DATE SURVEY COMPLETED 05/05/2014
NAME OF PROVIDER OR SUPPLIER Savannah Cottage Of Lakeland	STREET ADDRESS, CITY, STATE, ZIP CODE 605 Carpenters Way Lakeland, FL 33809	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2014001447 and CCR# 2014003509, were conducted on 5/05/14.

The Savannah Cottage of Lakeland, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 15, 2014

Administrator
Savannah Cottage of Lakeland
605 Carpenters Way
Lakeland, FL 33809

Re: CCR# 2014001447 & CCR# 2014003509

Dear Administrator:

This letter reports the findings of two complaint surveys completed on May 5, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during these surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

