

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964850	(X3) DATE SURVEY COMPLETED 09/08/2014
NAME OF PROVIDER OR SUPPLIER Savannah Court Of Haines City	STREET ADDRESS, CITY, STATE, ZIP CODE 301 Peninsular Drive Haines City, FL 33844	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0056-Medication - Labeling And Orders-09/08/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2014

Administrator
Savannah Court of Haines City
301 Peninsular Drive
Haines City, FL 33844

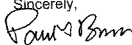
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 8, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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