STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	**01/23/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Haines City	**301 Peninsular Drive Haines City, FL 33844**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-01/23/2015
0010-Admissions - Continued Residency-01/23/2015
0025-Resident Care - Supervision-01/23/2015
0030-Resident Care - Rights & Facility Procedures-01/23/2015
0054-Medication - Records-01/23/2015
0079-Staffing Standards - Levels-01/23/2015
0081-Training - Staff In-Service-01/23/2015
0083-Training - First Aid And Cpr-01/23/2015
0162-Records - Resident-01/23/2015
0165-Risk Mgmt & Qa; Adverse Incident Report-01/23/2015

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2015

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 January 23, 2015 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 Caufman
Field Office Manager

PRC/clt
Enclosure: State Form (5000-3547)

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