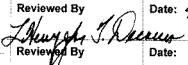


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965589	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/31/2015
Name of Facility SAVANNAH COURT OF ST CLOUD		Street Address, City, State, Zip Code 3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 09/02/2015 0078	ID Prefix A0084 Reg. # 58A-5.019(5) FAC LSC	Correction Completed 09/02/2015 0084	ID Prefix Reg. # LSC	Correction Completed ZZZZ
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
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ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ

Reviewed By State Agency Reviewed By CMS RO	Reviewed By  Reviewed By	Date: 9/16/16 Signature of Surveyor: Date: Signature of Surveyor:	Date: Date:
Followup to Survey Completed on: 4/13/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO	



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 15, 2015

Administrator
Savannah Court Of St Cloud
3791 Old Canoe Creek Rd
Saint Cloud, FL 34769

RE: Revisit to #2015000413

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey revisit conducted on August 31, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

DT9D

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Orlando, FL 32801
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