**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964958** | **12/04/2015** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH COURT OF BRANDON** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**824 PARSONS AVENUE**<br>**BRANDON, FL 33510** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

ASSISTED LIVING FACILITY

An ABBREVIATED Biennial survey was conducted at Savannah Court of Brandon on 12/4/15. There were no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 11, 2015

Administrator
Savannah Court Of Brandon
824 Parsons Avenue
Brandon, FL 33510

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on December 4, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

Teresa Ryan RNC

Patricia Reid Caufman
Field Office Manager

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

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