

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965678	(X3) DATE SURVEY COMPLETED 02/08/2016
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF LAKELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 6550 N SCORUM LOOP ROAD LAKELAND, FL 33809	

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

0000 Initial Comments

Assisted Living Facility

A biennial relicensure survey was conducted at Savannah Court of Lakeland on February 8, 2016. Savannah Court of Lakeland, Assisted Living Facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 15, 2016

Administrator
Savannah Court of Lakeland
6550 N Scorum Loop Road
Lakeland, FL 33809

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on February 8, 2016, 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,

Paul Brown
Patricia Reid Kaufman
for Field Office Manager

PRC/kpr

Enclosure: kpr

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