

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/24/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965678	(X3) DATE SURVEY COMPLETED 03/10/2016
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

On March 10, 2016, a complaint survey (CCR# 2016000018) was conducted at Savannah Court of Lakeland. Savannah Court of Lakeland, Assisted Living Facility, had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

March 24, 2016

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

RE: CCR# 2016000018

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 10, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **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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