

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965383	(X3) DATE SURVEY COMPLETED 04/26/2016
NAME OF PROVIDER OR SUPPLIER SAVANNAH COTTAGE OF LAKELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 605 CARPENTERS WAY LAKELAND, FL 33809	

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

0000 Initial Comments

Assisted Living Facility

On April 26th 2016 a complaint survey CCR# 2016002843 & CCR#2016001743 was done at Savannah Cottages of Lakeland Assisted Living. Savannah Cottages of Lakeland Assisted Living had no deficient practice identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 10, 2016

Administrator
Savannah Cottage Of Lakeland
605 Carpenters Way
Lakeland, FL 33809

RE: CCR #2016002843 & 2016001743

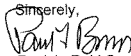
Dear Administrator:

This letter reports the findings of two complaint surveys completed on April 26, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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,

Patricia Reid Cauffman
Field Office Manager

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

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