

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964850	(X3) DATE SURVEY COMPLETED 05/10/2016
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF HAINES CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 301 PENINSULAR DRIVE HAINES CITY, FL 33844	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2016002256) was conducted on 5/10/16.

The Savannah Court of Haines City, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 23, 2016

Administrator
Savannah Court Of Haines City
301 Peninsular Drive
Haines City, FL 33844

RE: CCR #2016002256

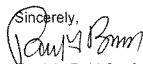
Dear Administrator:

This letter reports the findings of a complaint survey completed on May 10, 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,

for Patricia Reid Cauffman
Field Office Manager

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

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