

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284	(X3) DATE SURVEY COMPLETED 07/24/2016
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. MAITLAND BLVD MAITLAND, FL 32751	

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

0000 Initial Comments

A complaint investigation #2016005334 in conjunction with #2016005483 was conducted on 7/24/16. Savannah Court of Maitland Assisted Living Facility License #8447 had no deficiencies at the time of the investigation regarding this investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 27, 2016

Administrator
Savannah Court Of Maitland
1301 W. Maitland Blvd
Maitland, FL 32751

RE: CCR #2016005483

Dear Administrator:

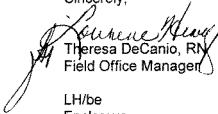
This letter reports the findings of a complaint survey completed on July 24, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey pertaining to this investigation.

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 Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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