

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED 10/11/2016
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	

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

0000 Initial Comments

A complaint investigation (CCR #2016009373) was conducted on 10/11/2016 at Savannah Court Assisted Living, Orange City, License #9243. No deficiency was found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 18, 2016

Administrator
Savannah Court Of Orange City
202 Strawberry Oaks Drive
Orange City, FL 32763

RE: CCR #2016009373

Dear Administrator:

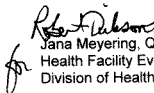
This letter reports the findings of a complaint survey completed on October 11, 2016 by a representative of this office.

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. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,


Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

HS/JM/sm
Enclosure

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