STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	**02/14/2017**
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

An unannounced complaint survey, (CCR# 2016014046), was conducted on 2/14/17, in conjunction with an abbreviated biennial state licensure survey, (Aspen LDNY11).

The Savannah Cottage of Lakeland, Assisted Living Facility, (License # 9783), had no deficiencies at the time of this visit specific to the complaint. The complaint was not substantiated; a deficiency was cited specific to the biennial survey.