

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED R 01/20/2017
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF THE PALM BEA	STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 1/19/17 through 1/20/17 at Savannah Courts of the Palm Beaches, an Assisted Living Facility (license #8367) in West Palm beach, Florida.

This was a follow-up to the Complaint surveys CCR#2016011365, CCR#2016013504 and CCR#201613429 completed 12/8/16. The previous deficiencies were found corrected and no new deficiencies were identified.