

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/16/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968352	(X3) DATE SURVEY COMPLETED 02/20/2017
NAME OF PROVIDER OR SUPPLIER SAVORAH ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2314 SW RANCH AVENUE PORT SAINT LUCIE, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Complaint Investigation (CCR #2016013514) was conducted on February 20, 2017 at Savorah ALF Inc. (License #12262). The facility had no deficiencies identified at the time of the investigation.		