

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968352	(X3) DATE SURVEY COMPLETED R 02/27/2017
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

A relicensure desk review survey was conducted on 02/27/2017 at Savorah Inc. The facility had no deficiencies identified at the time of the survey.