STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965546	**03/23/2017**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF BARTOW**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 IDLEWOOD AVENUE** **BARTOW, FL 33830**	

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

0000 - Initial Comments

Assisted Living Facility

On March 23, 2017, a complaint survey, CCR# 2017000057, was conducted at Savannah Court of Bartow. No deficiencies were identified at the time of the visit.

(license # 9888)