

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965383	(X3) DATE SURVEY COMPLETED R 04/04/2017
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 A revisit to a biennial relicensure survey was conducted on 04/04/2017 at Savannah Cottage of Lakeland, an assisted living facility in Lakeland, Florida. The previously cited deficiency was determined to be corrected at the time of the visit. (License # 9783)		