

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964749	(X3) DATE SURVEY COMPLETED R 05/02/2017
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF OVIEDO I	STREET ADDRESS, CITY, STATE, ZIP CODE 355 ALAFAY WOODS BLVD. OVIEDO, FL 32765	

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

0000 - Initial Comments

A revisit to the complaint investigation (#2017000532) was conducted on 05/02/2017. Savannah Court of Oviedo I, License #9235 had no deficiencies at the time of the visit.