

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965589	(X3) DATE SURVEY COMPLETED 08/29/2017
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ST CLOUD	STREET ADDRESS, CITY, STATE, ZIP CODE 3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A re-licensure survey was conducted on 8/29/2017. Savannah Court of St. Cloud (License #9917) had no deficiencies at the time of the visit.		