| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953328** | **08/24/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH PLACE CARE CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1230 POWERS AVENUE**<br>**HOLLY HILL, FL 32117** | |

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

**0000 - Initial Comments**

An unannounced biennial licensure survey was conducted at Savannah Place Care Center on August 24, 2017. Savannah Place Care Center (License #7814) had no deficiencies found at the time of the visit.