

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964849	(X3) DATE SURVEY COMPLETED 10/05/2017
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF LAKE WALES	STREET ADDRESS, CITY, STATE, ZIP CODE 12 EAST GROVE AVENUE LAKE WALES, FL 33853	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On October 5, 2017, two complaint surveys, (CCR# 2017007487 & CCR# 2017009873) were conducted at Savannah Court of Lake Wales. No deficiencies were identified during the visit. (License # 9383)		