STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964808	**11/21/2017**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COTTAGE OF OVIEDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **445 ALEXANDRIA BLVD.** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

A Re-licensure Survey was conducted on 11/21/2017. Savannah Cottage of Oviedo Assisted Living (License# 9307) had no deficiencies at the time of the visit.