STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964598	**11/27/2017**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH GRAND OF AMELIA ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1900 AMELIA TRACE COURT** **FERNANDINA BEACH, FL 32034**	

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

0000 - Initial Comments

On November 27, 2017 a biennial relicensure survey in conjunction with complaint survey (CCR #2017009418) was conducted at Savannah Grand of Amelia Island (License #9108). Deficient practice was not identified during the surveys.