

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED R 01/25/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF THE PALM BEA	STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

A revisit survey to CCR #2017007675 and CCR #2017012590 was conducted on 01/25/2018 at Savannah Court of the Palm Beaches, License # 8367. The facility corrected all deficiencies. Previous deficiency was corrected.