STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	R **02/08/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF OVIEDO I**	STREET ADDRESS, CITY, STATE, ZIP CODE **355 ALAFAY WOODS BLVD.** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 2/8/2018. Savannah Court of Oviedo I Assisted Living Facility, License # 9235 did not have deficiencies at the time of the visit.