STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964824	R **02/08/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF OVIEDO II**	STREET ADDRESS, CITY, STATE, ZIP CODE **395 ALAFAYA 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 2/8/18 at Savannah Court of Oviedo II Assisted Living Facility; license #9308 did not have deficiencies at the time of the visit.