

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965546	(X3) DATE SURVEY COMPLETED R 02/05/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF BARTOW	STREET ADDRESS, CITY, STATE, ZIP CODE 290 IDLEWOOD AVENUE BARTOW, FL 33830	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Revisit to 12/12/17 abbreviated Biennial Survey was conducted on 2/5/18, in conjunction with an unannounced Revisit to 12/12/17 Complaint investigation (CCR# 2017014309 & CCR# 2017011312). The Savannah Court of Bartow, Assisted Living Facility (License #9888), had no deficiencies at the time of this visit.		