

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2018
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 monitoring revisit survey was conducted on 01/25/2018 at Savanah Court of the Palm Beaches, License # 8367. Previous cited deficiency was corrected.