STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965546	R **04/25/2018**
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

A desk review was conducted on 4/25/18 to the complaint survey, (CCR# 2018001011), of 3/06/18. At the time of the desk review, it was determined that the previously cited deficiencies at Savannah Court of Bartow, Assisted Living Facility, had been corrected.

(License # 9888)