

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/09/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284	(X3) DATE SURVEY COMPLETED R 04/30/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. MAITLAND BLVD MAITLAND, FL 32751	

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

0000 - Initial Comments

Revisit to Complaint Investigation #2017013808 was conducted on 4/30/18. Savannah Court of Maitland, License # 8447, did not have any deficiencies at the time of the visit.