

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964849	(X3) DATE SURVEY COMPLETED 05/25/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF LAKE WALES	STREET ADDRESS, CITY, STATE, ZIP CODE 12 EAST GROVE AVENUE LAKE WALES, FL 33853	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint investigation (CCR #2018003650 and CCR #2018003886) was conducted at Savannah Court of Lake Wales on 5/25/18. Savannah Court of Lake Wales had no deficiencies at the time of the investigation. License (#9383)		