STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965678	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6550 N SCORUM LOOP ROAD** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd Revisit to 1/24/18 Complaint CCR #2017014220 and 2017014011 and 2017013945 was conducted on 5/15/18 at Savannah Court of Lakeland in conjunction with a 2nd Revisit to 1/24/18 Biennial Survey and a Revisit to 3/14/18 Complaint CCR# 2018002526. Deficient practice previously cited on 3/14/18 was corrected during the visit.

(License #10024)