STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964849	R **08/10/2018**
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 follow-up was conducted to a 6/25/18 biennial survey for Savannah Court of Lake Wales on 8/10/18.
The previously cited deficiencies were found corrected via desk review.