

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964598	(X3) DATE SURVEY COMPLETED 08/06/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF AMELIA ISLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 AMELIA TRACE COURT FERNANDINA BEACH, FL 32034	

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

0000 - Initial Comments

An Emergency Power Plan monitoring visit was conducted at Savannah Grand of Amelia Island (license #9108) on 8/6/2018. Savannah Grand of Amelia Island had no deficiencies at the time of the monitoring visit.