

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED R 09/10/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF THE PALM BEA	STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

Unannounced licensure complaint revisit surveys, CCR #2018007696, CCR #2018004272, and CCR #2018004383, were conducted on 09/10/2018 at Savannah Court Of The Palm Beaches, License #8367. The facility had no uncorrected deficiencies identified at the time of the survey.

The above licensure complaint revisit surveys were conducted in conjunction with a licensure monitoring survey. Please see separate report for findings.