

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284	(X3) DATE SURVEY COMPLETED 09/13/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. MAITLAND BLVD MAITLAND, FL 32751	

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

0000 - Initial Comments

A complaint survey (CCR#2018008999) was conducted on 9/13/2018. Savannah Court of Maitland (LIC#8447) had no deficiency at the time of the visit.