

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965678	(X3) DATE SURVEY COMPLETED R 10/16/2018
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 Revisit to 8/13/18 Complaint (CCR#2018011899 & 2018008961) was conducted at the facility on 10/16/18. The Savannah Court of Lakeland, Assisted Living Facility (License #10024), had no deficient practice identified at the time of this visit.		