

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964850	(X3) DATE SURVEY COMPLETED R 11/05/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF HAINES CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 301 PENINSULAR DRIVE HAINES CITY, FL 33844	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to a Biennial was conducted at Savannah Court of Haines City on 11-05-18. Savannah Court of Haines City had no deficiencies at the time of visit. License # 9382		