STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	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 third revisit to a complaint survey (CCR# 2018003020 and 2018001391) was conducted at Savannah Court of Haines City on 11-05-18. The facility had no deficiencies at the time of the visit.

License# 9382