

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965589	(X3) DATE SURVEY COMPLETED R 11/19/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ST CLOUD	STREET ADDRESS, CITY, STATE, ZIP CODE 3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769	

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

0000 - Initial Comments

A revisit to complaint investigation 2018007126 was conducted on 11/19/2018.. Savannah Cout of Saint Cloud license # 9917 had no deficiencies at the time of the visit.