STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964598	R **12/17/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH GRAND OF AMELIA ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1900 AMELIA TRACE COURT** **FERNANDINA BEACH, FL 32034**	

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

0000 - Initial Comments

The deficiency was found corrected at the time of the desk review.