

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964849	(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF LAKE WALES	STREET ADDRESS, CITY, STATE, ZIP CODE 12 EAST GROVE AVENUE LAKE WALES, FL 33853	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint survey (CCR# 2018016086 and 2018015393) was conducted at Savannah Courts of Lake Wales Assisted Living Facility on 11/29/2018. Savannah Courts of Lake Wales Assisted Living Facility had no deficient practice identified at the time of the survey. License: 9383		