

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED 10/09/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 740 NORTH WYMORE ROAD MAITLAND, FL 32751	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 10/17/18 AMENDED STATE FORM TO DELETE TAG 0056. ***** A complaint investigation (CCR#2018010624) was conducted on 10/9/2018. Savannah Grand of Maitland license #10704 had no deficiencies at the time of the visit.		