

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED R 12/18/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF THE PALM BEA	STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

An unannounced Revisit survey to a monitor visit was conducted on 12/18/18 at Savannah Court Of The Palm Beaches, License #8367. The facility had no uncorrected deficiencies identified at the time of the survey.