STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	R **12/12/2018**
NAME OF PROVIDER OR SUPPLIER **SAVORAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2314 SW RANCH AVENUE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Relicensure Revisit survey was conducted on December 12, 2018 at Savorah ALF Inc., License #12262. Previously cited deficiencies were found corrected.