

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 02/26/2019
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit, relating to complaint investigation (CCR 2018007921, 2018007640, 2018010271, 2018009444, 2018010853, and 2018006109) was conducted at Savannah Court of Orange City, Florida (license 9243) from 2/20/2019 to 2/21/2019. At the time of the revisit, deficient practice previously identified was found corrected.		