

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED R 02/20/2019
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 licensure complaint second revisit survey, CCR #2018014564, commenced on 02/18/19 and concluded on 02/20/19 at Savannah Court Of The Palm Beaches, License #8367. Previously cited deficiencies were found corrected.

This licensure complaint revisit survey was conducted in conjunction with licensure complaint CCR #2019001476. Please refer to the separate report for the findings.