

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED 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 survey, CCR #2019001476, commenced on 02/18/2019 and concluded on 02/20/2019, at Savannah Court Of The Palm Beaches, License #8367. There were no deficiencies identified at the time of the visit. This complaint was conducted in conjunction with a licensure complaint revisit survey. Please refer to the separate report for the findings.		