STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965546	**04/30/2019**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF BARTOW**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 IDLEWOOD AVENUE** **BARTOW, FL 33830**	

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

0000 - Initial Comments

A complaint survey 2019002057 was conducted at Savannah Courts of Bartow Assisted Living Facility on 04/30/2019. Savannah Courts of Bartow Assisted Living Facility had no deficient practice identified at the time of the survey.