STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	**05/03/2019**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COTTAGE OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **605 CARPENTERS WAY** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living

A Complaint Investigation (Complaint Number: 2019004855), a Revisit to 03/11/19 Biennial Survey, and a Revisit to 03/11/19 Complaint Investigation (Complaint Numbers: 2019000768 and 2019000380) were conducted at Savannah Cottages of Lakeland Assisted Living Facility on 05/03/19.There were no deficiencies identified at the time of survey.