

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968352	(X3) DATE SURVEY COMPLETED 06/10/2019
NAME OF PROVIDER OR SUPPLIER SAVORAH ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2314 SW RANCH AVENUE PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

A complaint investigation (complaint#2019003542) was conducted at Savorah ALF Inc. on 06/05/19, concluding on 06/10/19. The facility had no deficiencies at the time of the survey.