

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284	(X3) DATE SURVEY COMPLETED 06/07/2019
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. MAITLAND BLVD MAITLAND, FL 32751	

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

0000 - Initial Comments

A complaint investigation #2019008960 was conducted at Savannah Court of Maitland Assisted Living Facility on 6/7/2019. The facility had no deficiencies at the time of the survey.