STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	R **06/21/2019**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF ST CLOUD**	STREET ADDRESS, CITY, STATE, ZIP CODE **3791 OLD CANOE CREEK RD** **SAINT CLOUD, FL 34769**	

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

0000 - Initial Comments

A Desk Review to complaint investigation # 2018015042 at Savannah Ct. of St. Cloud was conducted on 6/21/19. Deficiency was corrected.