

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932516	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MEADOWS AT CYPRESS GARDENS (THE)

**3050 WOODMONT AVENUE
WINTER HAVEN, FL 33884**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (#2026005320) was conducted at Meadows at Cypress Gardens (the) on . The facility had deficiencies at the time of the survey.	A 000		
A 120 SS-I	429.17(3).275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to operate under a sound financial basis to	A 120		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

AHCA Form 3020-0001

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A 120	Continued From page 2 electricity could be disconnected at any time due to the past due balances. A record review of the facility's water bill listed a billing date of _____ for a billing period of _____ through _____ and a due date of _____ for a total of \$3134.82, of which past due charges reflected \$1252.06 and past due charge due date of _____. During an interview conducted on _____ at 2:00pm the Owner said there was a hurricane prep fee charged by the electric company that had been disputed without results, and he asked if he should just go ahead and pay it and hope to get credited one day. Photographic evidence obtained. Class II	A 120		