

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/10/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932516	(X3) DATE SURVEY COMPLETED 07/01/2013
NAME OF PROVIDER OR SUPPLIER Meadows At Cypress Gardens (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Woodmont Avenue Winter Haven, FL 33884	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013006781, was conducted on 7/1/13.

The Meadows at Cypress Gardens, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 11, 2013

Administrator
Meadows at Cypress Gardens (The)
3050 Woodmont Avenue
Winter Haven, FL 33884

Re: CCR# 2013006781

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 1, 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions, please contact Paul Brown at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PR

PRC/kpr
Enclosure

