

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965181	(X3) DATE SURVEY COMPLETED 08/26/2013
NAME OF PROVIDER OR SUPPLIER Cypress Creek Assisted Living Residence Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 970 Cypress Village Blvd. Ruskin, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An initial extended congregate care (ECC) state licensure survey was conducted on August 26, 2013, in conjunction with an abbreviated biennial state licensure survey.

The Cypress Creek Assisted Living Residence Inc., assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2013

Administrator
Cypress Creek Assisted Living Residence Inc.
970 Cypress Village Blvd.
Ruskin, FL 33573

Dear Administrator:

This letter reports the findings of an initial extended congregate care (ECC) state licensure survey and an abbreviated biennial state licensure survey conducted on August 26, 2013, by a representative of this office. Attached are the provider's copies of the State (5000-3547) Forms, which indicate there were no discernible deficiencies noted on the date of the surveys.

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 call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

