

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/04/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966097	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER Cypress Manor Assisted Living Facility II	STREET ADDRESS, CITY, STATE, ZIP CODE 1910 Nw 77th Avenue Margate, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An Assisted Living Facility re-licensure survey was completed on 09/18/2013. Cypress Manor ALF II had no licensure found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 4, 2013

Administrator
Cypress Manor Assisted Living Facility II
1910 NW 77th Avenue
Margate, FL 33063

Dear Administrator:

This letter reports findings of a State Relicensure Survey that was conducted on September 18, 2013 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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