STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911636	**01/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn At Cypress Village, The	**4600 Middleton Park Circle, E. Jacksonville, FL 32224**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments
A complaint investigation CCR #2014022207, was conducted at The Inn at Cypress Village on January 5, 2015. Deficiencies were not indented.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2015

Administrator
The Inn At Cypress Village
4600 Middleton Park Circle, E.
Jacksonville, FL 32224

RE: CCR #2014011207

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 5, 2015 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, 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 surveyors. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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