STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	**03/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cypress Palms Assisted Living	**400 Lake Avenue N.E. Largo, FL 33771**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR 2014012308, was conducted on 3/13/15.

The Cypress Palms Assisted Living Facility had no deficiencies at the time of this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 19, 2015

Administrator
Cypress Palms Assisted Living
400 Lake Avenue N.E.
Largo, FL 33771

RE: CCR# 2014012308

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 13, 2015, by representative(s) 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(s). Should you have any questions, please contact **Paul Brown** at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
FOI Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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