

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965230	(X3) DATE SURVEY COMPLETED 03/24/2015
NAME OF PROVIDER OR SUPPLIER INN OF CYPRESS COVE AT HEALTH PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced Biennial with Extended Congregate Care survey in conjunction with Complaint Survey CCR#2015002435, was conducted on 3/23/15 and 3/24/15 at Inn of Cypress Cove at Health Park, an Assisted Living Facility in Fort Myers, Florida.

No deficiencies related to the biennial survey were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 2, 2015

Administrator
Inn Of Cypress Cove At Health Park
10300 Cypress Cove Drive
Fort Myers, FL 33908

Dear Administrator:

This letter reports findings of a state licensure biennial survey that was conducted on March 24, 2015 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies related to the biennial were 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:ec

Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone: (239) 335-1315; Fax: (239) 338-2372
AHCA.MyFlorida.com



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