STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965230	R **05/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
INN OF CYPRESS COVE AT HEALTH PARK	**10300 CYPRESS COVE DRIVE FORT MYERS, FL 33908**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

This is the follow-up to Complaint Survey #2015002433 conducted at the Inn of Cypress Cove at Health Park, an Assisted Living Facility in Fort Myers, Florida.

This follow-up was completed on 5/11/15 by desk review of information provided to the Agency for Health Care Administration Fort Myers Field Office by the facility.

The citation was cleared by this desk review.

AH Form Approved
5/11/2015

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11965230

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
5/11/2015

Name of Facility
INN OF CYPRESS COVE AT HEALTH PARK

Street Address, City, State, Zip Code
10300 CYPRESS COVE DRIVE
FORT MYERS, FL 33908

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0031** Reg. # **58A-5.0182(7) FAC** LSC	**05/11/2015**	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** Dad Day, HFES	**Date:** 5-11-15	**Signature of Surveyor:** Dad Day, HFES	**Date:** 5-11-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
3/24/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 11, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on May 11, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found corrected on the day of the desk review. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
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Fort Myers, FL 33901
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