

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965181	(X3) DATE SURVEY COMPLETED 06/05/2015
NAME OF PROVIDER OR SUPPLIER CYPRESS CREEK ASSISTED LIVING RESIDENCE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 970 CYPRESS VILLAGE BLVD. RUSKIN, FL 33573	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Extended Congregate Care (ECC) monitoring visit was conducted on 6/5/2015.

Cypress Creek Assisted Living Facility, had no deficiencies found at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 12, 2015

Administrator
Cypress Creek Assisted Living Residence Inc
970 Cypress Village Blvd.
Ruskin, FL 33573

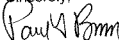
Dear Administrator:

This letter reports findings of a extended congregate care (ECC) monitoring visit that was conducted on June 5, 2015 by representative(s) of 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/dlt
Enclosure: State (5000-3547) Form

