

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966097	(X3) DATE SURVEY COMPLETED 07/23/2015
NAME OF PROVIDER OR SUPPLIER CYPRESS MANOR ASSISTED LIVING FACILITY II	STREET ADDRESS, CITY, STATE, ZIP CODE 1910 NW 77TH AVENUE MARGATE, FL 33063	

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

0000 Initial Comments

An unannounced abbreviated Relicensure survey was conducted on July 23, 2015. Cypress Manor Assisted Living II. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2015

Administrator
Cypress Manor Assisted Living Facility II
1910 NW 77th Avenue
Margate, FL 33063

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on July 23, 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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