

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/14/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932516	(X3) DATE SURVEY COMPLETED 08/05/2015
NAME OF PROVIDER OR SUPPLIER MEADOWS AT CYPRESS GARDENS (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3050 WOODMONT AVENUE WINTER HAVEN, FL 33884	

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

0000 Initial Comments

Assisted Living Facility

An Biennial with Limited Nursing services (LNS) survey was conducted on 8/5/2015.

Meadows At Cypress Gardens, Assisted Living Facility had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2015

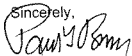
Administrator
Meadows At Cypress Gardens (The)
3050 Woodmont Avenue
Winter Haven, FL 33884

Dear Administrator:

This letter reports findings of a binnial state licensure survey with limited nursing services (LNS) monitoring that was conducted on August 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,

Patricia Reid Kaufman
Field Office Manager

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

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