

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/04/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965230	(X3) DATE SURVEY COMPLETED 05/02/2016
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 complaint survey for CCR# 2016004557 was conducted 5/2/16 at the Inn of Cypress Cove at Health Park, an Assisted Living Facility in Ft. Myers, Florida.

The complaint contained 3 allegation(s), of which 3 were unsubstantiated without deficiency.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 4, 2016

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

RE: CCR #2016004557

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 2, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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