

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932516	(X3) DATE SURVEY COMPLETED 06/14/2016
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

A complaint investigation (CCR# 2016003207) was conducted at The Meadows at Cypress Gardens (license # 7713) on 6/14/16. The Meadows at Cypress Gardens did not have any deficiencies at the time of the investigation.

(License # 7713)



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 22, 2016

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

RE: CCR #2016003207

Dear Administrator:

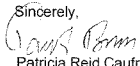
This letter reports the findings of a complaint survey completed on June 14, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

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

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