

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965230	(X3) DATE SURVEY COMPLETED 08/30/2016
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 increase in capacity survey was conducted 8/30/16 at Inn at Cypress Cove, an Assisted Living Facility, (license #9630), in Ft Myers, Florida.

No deficiencies were found at the time of the visit.

The facility requested an increase in capacity of 44. This increase is approved.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 7, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 30, 2016 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Seehawer".

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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