

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/27/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910963	(X3) DATE SURVEY COMPLETED 10/19/2016
NAME OF PROVIDER OR SUPPLIER HAZEL CYPEN TOWER	STREET ADDRESS, CITY, STATE, ZIP CODE 5066 NORTHEAST 2ND AVENUE MIAMI, FL 33137	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on 10/18/16 and 10/19/16. Hazed Cypen Tower with a Standard license #6127 had no deficiencies found at time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 27, 2016

Administrator
Hazel Cypen Tower
5066 Northeast 2nd Avenue
Miami, FL 33137

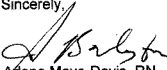
Dear Administrator:

This letter reports findings of an abbreviated biennial state relicensure survey that was conducted on October 19, 2016 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN

