STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932516	**06/19/2017**
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 limited nursing services (LNS) monitoring visit was conducted at The Meadows at Cypress Gardens on 06/19/17. Deficient practice was not identified at the time of the visit.

(License # 7713)