

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932574	(X3) DATE SURVEY COMPLETED 06/28/2017
NAME OF PROVIDER OR SUPPLIER CYPRESS PALMS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 400 LAKE AVENUE N.E. LARGO, FL 33771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 06/28/2017, an Extended Congregate Care (ECC) Monitoring Visit was conducted at Cypress Palms, Assisted Living Facility. No deficiencies were identified at the time of the visit. (License # 8113)		