STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965181	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **CYPRESS CREEK ASSISTED LIVING RESIDENCE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **970 CYPRESS VILLAGE BLVD.** **RUSKIN, FL 33573**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with extended congregate care (ECC) was conducted on 08/25/2017 at Cypress Creek Assisted Living. No deficient practice was identified at the time of the visit.

(License # 9553)