STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	**09/25/2017**
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

A complaint investigation, (CCR# 2017010994), was conducted at Cypress Palms Assisted Living Facility on 9/25/17. Cypress Palms Assisted Living Facility had no deficiencies at the time of the investigation.

(License # 8113)