STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	**10/19/2017**
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

An unannounced, abbreviated biennial state relicensure survey with extended congregate care (ECC) was conducted on 10/19/17.

The Cypress Palms Assisted Living Facility, Assisted Living Facility, License # 8113, had no deficiencies at the time of this visit.