

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911636	(X3) DATE SURVEY COMPLETED 10/26/2017
NAME OF PROVIDER OR SUPPLIER INN AT CYPRESS VILLAGE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 MIDDLETON PARK CIRCLE, E. JACKSONVILLE, FL 32224	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced complaint survey (CCR #2017008909) was conducted on 10/26/2017 at Inn at Cypress Village ALF (Lic #7720). Deficient practice was not identified at the time of the survey.