STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932516	R **11/28/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT CYPRESS GARDENS (THE)	**3050 WOODMONT AVENUE** **WINTER HAVEN, FL 33884**

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 11/28/17 for The Meadows at Cypress Gardens. The deficient practice previously cited on 9/29/17 was corrected during the revisit. (License # 7713)