STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932516	R **08/07/2018**
NAME OF PROVIDER OR SUPPLIER **MEADOWS AT CYPRESS GARDENS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 8/7/2018 for The Meadows at Cypress Gardens (Lic. #7713). At the time of the survey, the facility had no deficient practice.