STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	**11/26/2018**
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

On November 26, 2018 a Complaint (CCR#2018013970) survey was conducted at Cypress Palms Assisted Living Facility. The facility had no deficiencies at the time of the visit.

(license #8113)