

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932516	(X3) DATE SURVEY COMPLETED 12/03/2018
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 complaint survey, CCR#2018013369, was conducted on 12/3/18 at The Meadows at Cypress Gardens Assisted Living Facility. There was no deficient practice identified during the survey. (License# 7713)		