

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965181	(X3) DATE SURVEY COMPLETED 03/14/2019
NAME OF PROVIDER OR SUPPLIER CYPRESS CREEK ASSISTED LIVING RESIDENCE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 970 CYPRESS VILLAGE BLVD. RUSKIN, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A capacity increase appraisal survey was conducted on 3/14/2019 at Cypress Creek Assisted Living Residence (Lic. #9553). No deficiencies were identified at the time of the survey.		