STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965255	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **CYPRESS MANOR ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7459 ROYAL PALM BLVD** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An unannounced abbreviated survey was conducted on 04/08/2019 at Cypress Manor Assisted Living Facility, llc. The facility had no deficiencies at the time of the visit.