STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966097	**04/29/2019**
NAME OF PROVIDER OR SUPPLIER **CYPRESS MANOR ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 NW 77TH AVENUE** **MARGATE, FL 33063**	

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

0000 - Initial Comments

A re-licensure survey was conducted at the Cypress Manor Assisted Living Facility II on 4/29/19. The Provider had no deficiencies at the time of the visit.