Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932516	A. BUILDING: _____ B. WING _____	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT CYPRESS GARDENS (THE)	3050 WOODMONT AVENUE WINTER HAVEN, FL 33884

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (#2026008187) was conducted at Meadows at Cypress Gardens, LLC. The facility had deficiencies at the time of the survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe living environment by ensuring all mechanical and electrical systems and appurtenances were maintained in good working order. Findings included: An observation conducted on at 10:50 a.m. revealed two men working on one of the two elevators. It was not in use. A review of the elevator inspection report posted in the elevator in operation on , revealed the elevators' satisfactory inspection expired on . A review of the county fire inspection report dated revealed a violation of "(101) Florida Standard - Building Service Elevator certification out of date" and a due date of . The inspector remark listed was "Have elevators inspected/certified." During an interview with the Administrator, conducted on at 10:55 a.m. the Owner said the facility was in the process of "elevator modernization" so that the elevator inspections could be conducted. The Owner said the process could take three to five months, but he hoped it could be completed by next month.	A 152		

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A 152	Continued From page 2 Photographic evidence obtained. Class III	A 152		