STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932516	R 02/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT CYPRESS GARDENS (THE)	**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 revisit was conducted on . . . . for The Meadows of Cypress Gardens. At the time of the revisit, the facility had deficient practice.

License # 7713

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on observation, interview and record review the facility has not demonstrated financial stability based on the outstanding balances that the facility has accumulated over the past months.

Findings included:

During a review of the facility's records on it was revealed that the facility has not paid all their monthly bills and utility bills are still not up to date.

In an interview with the facility's administrator on at 1:00pm, the administrator stated that the owner plans to have the accounts paid up to date in a couple of weeks.

The administrator stated she did not have information pertaining to when remodeling of the facility would start or any further information on the facility's bills.

Class III