

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932516	(X3) DATE SURVEY COMPLETED R 04/09/2018
NAME OF PROVIDER OR SUPPLIER MEADOWS AT CYPRESS GARDENS (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 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 second revisit for CCR #2017011962 was conducted on ... for The Meadows of Cypress Gardens. At the time of the survey, the facility had deficiencies. 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 failed to operate on a sound financial basis as evidenced by the failure to pay monthly bills timely. Finding included: Review of two statements from the electric company dated ... included and provided in the facility's plan of correction revealed the electric company was not paid and the facility had a past due balance. A phone interview with an employee at customer service for the electric company was conducted on ... at 11:00am and the employee confirmed the facility has two past due bills. Per the employee, a final notice has been mailed. The electric company will not accept a payment by check and will only accept guaranteed funds. Two past due bills are outstanding in the amounts of \$ 3,776.48 and 3,192.65. A review of an invoice from the gas company revealed a past due balance from the previous billing of \$262.49. The current charges are listed as 206.20 and \$468.69 and were due on ... On ..., observation during a revisit revealed the carpets have not been replaced and the facility has not been painted. These repairs were noted as scheduled by the facility and sent as part of the plan of correction in 2017. Class III		