STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965181	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **CYPRESS CREEK ASSISTED LIVING RESIDENCE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **970 CYPRESS VILLAGE BLVD.** **RUSKIN, FL 33573**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR#2018007120) was conducted at Cypress Creek Assisted Living Residence on 7/12/18. Cypress Creek Assisted Living Residence had no deficiencies at the time of the investigation.

License (#9553)