

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER Cypress Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 490 S Old Wire Rd Wildwood, FL 34785	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and interview, the facility failed to ensure accurate nurse staffing information was posted on a daily basis. Findings include: During an observation on 9/22/2025 at 9:15 AM, the facility posted nurse staffing information for September 15, 2025, September 16, 2025, September 17, 2025 and September 18, 2025. There was no nurse staffing information for 9/22/2025 (Photographic evidence obtained). During an observation on 9/23/2025 at 9:00 AM, the facility posted nurse staffing information for September 15, 2025, September 16, 2025, September 17, 2025 and September 18, 2025. There was no nurse staffing information for 9/23/2025. During an interview on 9/23/2025 at approximately 10:00 AM, the Administrator stated, The expectation is for the staffing to be posted daily by Staffing Coordinator. That should have been taken care of and updated yesterday.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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