

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968842	(X3) DATE SURVEY COMPLETED 06/14/2015
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 2	STREET ADDRESS, CITY, STATE, ZIP CODE 2710 VIA SANTA CROCE CT FORT MYERS, FL 33905	

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

0000 - Initial Comments

An announced initial licensure survey was begun on 6/5/15 and completed on 6/14/15 for Cairn Park 2, an Assisted Living Facility (ALF) in Fort Myers, Florida.

There were no deficiencies identified. A Standard License with a capacity of 5 is recommended effective 6/14/15.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2015

Administrator
Cairn Park 2
2710 Via Santa Croce Ct
Fort Myers, FL 33905

Dear Administrator:

This letter reports findings of an initial state licensure survey that was completed on June 14, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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