STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
		R
	AL11968778	**10/21/2015**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **9331 VIA SAN GIOVANNI ST** **FORT MYERS, FL 33905**	

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

0000 Initial Comments

An unannounced revisit to Complaint Survey, CCR # 2015006691 was conducted on 10/21/2015 at Cairn Park, an Assisted Living Facility in Ft. Myers, Florida.

No deficiencies were found at the time of the visit.

AH Form Approved
10/29/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968778	A. Building B. Wing	10/21/2015

Name of Facility	Street Address, City, State, Zip Code
CAIRN PARK	9331 VIA SAN GIOVANNI ST FORT MYERS, FL 33905

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0052** Reg. # **58A-5.0185 (3)** LSC	**10/21/2015**	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	**10/21/2015**	ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC	**10/21/2015**
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 10-29-15	Signature of Surveyor: [signature] Jou Alter, HFE II	Date: 10-29-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
8/25/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 29, 2015

Administrator
Cairn Park
9331 Via San Giovanni St
Fort Myers, FL 33905

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 21, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 and Revisit Report

DT9D

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