

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969031	(X3) DATE SURVEY COMPLETED 06/21/2016
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 3	STREET ADDRESS, CITY, STATE, ZIP CODE 1444 ARGYLE DR FORT MYERS, FL 33919	

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

0000 Initial Comments

An announced initial licensure survey with Limited Nursing Services was completed on 6/21/16 for Cairn Park 3 (license number pending) an Assisted Living Facility in Fort Myers, Florida.

No deficiencies were identified during the survey. The Assisted Living Facility is recommended for a standard license with Limited Nursing Services specialty for a capacity of 6 effective 6/21/16.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 21, 2016

Administrator
Cairn Park 3
1444 Argyle Dr
Fort Myers, FL 33919

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 21, 2016 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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