

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/30/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969031	(X3) DATE SURVEY COMPLETED 12/29/2016
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 unannounced Limited Nursing Services monitor survey was conducted 12/29/16 at Cairn Park 3, an Assisted Living Facility, (license #12866) in Fort Myers, Florida.

No deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 30, 2016

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

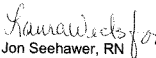
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 29, 2016 by 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, RN
Field Office Manager

JS:ec
Enclosure: State (5000-3547) Form

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