STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	R 02/02/2017
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 4**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 SE 30TH TERR** **CAPE CORAL, FL 33904**	

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

0000 - Initial Comments

An announced revisit to the initial licensure was completed on 1/24/17 through 2/22/17 for Cairn Park 4, an assisted living facility, (license # pending) in Cape Coral, FL. The original licensure visit was completed on 12/27/16.

All deficiencies were corrected and no new deficiencies were noted. The facility is recommended for a Standard Licensure with Limited Nursing Services for a capacity of 6, effective 2/2/17.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 2, 2017

Administrator
Cairn Park 4
1433 Se 30th Terr
Cape Coral, FL 33904

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 2, 2017 by representative of this office.

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,

Laura Wells for
Jon Seehawer, RN
Field Office Manager

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

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