

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/10/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968778	(X3) DATE SURVEY COMPLETED R 02/10/2017
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

A follow-up by desk review was conducted on 2/10/17 for Cairn Park an assisted living facility, (License #12629) in Fort Myers, Florida. This follow-up was in response to the revisit survey which was conducted on 1/5/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 2/10/17.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 10, 2017

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 by desk review conducted on February 10, 2017 by a 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,


Jon Seehawer, RN
Field Office Manager

JS:ec

Enclosure: State (5000-3547) Form

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