STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969178	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 5**	STREET ADDRESS, CITY, STATE, ZIP CODE **2003 ACADEMY BLVD** **CAPE CORAL, FL 33990**	

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

0000 - Initial Comments

An announced initial licensure and initial Limited Nursing Services survey was conducted on 3/14/17 at Cairn Park 5, an assisted living facility in Cape Coral, Florida.

No deficiencies were found at the time of the survey.