STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968778	**05/02/2017**
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 desk review of submitted materials for the initial Limited Nursing Services (LNS) survey was completed on 4/24/17 through 5/2/17 at Cairn Park, an assisted living facility (license #12629), in Fort Myers, Florida.

There was no deficiencies identified from the desk review. The LNS license is recommended effective 5/2/17.