STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969178	**05/17/2017**
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 unannounced complaint survey for CCR #2017005039 was conducted on at Cairn Park 5, an assisted living facility (license #12986) located in Cape Coral, Florida.

The complaint contained 1 allegation, which was substantiated.

The following is a description of the deficiency.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on staff interview and record review, the facility failed to appoint in writing a separate manager for this facility.

The findings included:

An interview was conducted with the administrator on at 9:00 a.m. She said she is the administrator for Cairn Parks 4 and 5. These are two separate assisted living facilities. She said she hired a staff to be the manager for Cairn Park 5 but she has is not made this appointment in writing.

A review of the Agency for Health Care Administration records shows Cairn Park 5 was licensed on . . This facility required an appointed manager, in writing, as of . .

Class III