STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	**05/17/2017**
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 unannounced complaint survey for CCR #2017005038 was conducted on at Cairn Park 4, an assisted living facility (license #12977) 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 does not have a manager appointed in writing for Cairn Park 4.

A review of the Agency for Health Care Administration records shows Cairn Park 5 was licensed on . . . . . The facility has not appointed a manager for this facility since this date.

Class III