STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968842	**05/17/2017**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **2710 VIA SANTA CROCE CT** **FORT MYERS, FL 33905**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017005040 was conducted on at Cairn Park 2, an assisted living facilty located (license # 12694) in Fort Myers, Florida.

The complaint contained 1 allegation, which was substantiated.

The following is description of the deficiency.

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

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

The findings included:

A review of the Agency for Health Care Administration records showed Cairn Park was licensed on .

During a tour of facility there were 4 residents observed and no manager was present.

During an interview on at 5:30 p.m. the Executive Director reported she is the Director of 2 Cairn facilities in Cape Coral and 3 Cairn assisted living facilities in Fort Myers. She reported she hired an Assistant Executive Director for Fort Myers on but she had to get a new background screen for her as of .

Class III