STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968778	**05/17/2017**
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

An unannounced complaint survey for CCR#2017005036 was conducted on at Cairn Park, an assisted living facility located (license # 12629) 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 . The facility has not appointed a manager for this facility since this date.

During a tour of the facility on , it was observed that the facility had a census of 5 residents.

During an interview at the facility on at 6:10 p.m. Staff A and Staff B reported there was no current manager at the facility.

During an interview with the Executive Director on at 6:25 p.m., she reported she was the Administrator of the facility and there was no current manager. She reported she was the Executive Director of two Cairn Park assisted living facilities in Cape Coral, Florida and three Cairn Park assisted living facilities in Fort Myers, Florida.

Class III