

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969031	(X3) DATE SURVEY COMPLETED R 07/03/2017
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 3	STREET ADDRESS, CITY, STATE, ZIP CODE 1444 ARGYLE DR FORT MYERS, FL 33919	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 7/3/17 at Cairn Park 3, an assisted living facility (license #12866) in Fort Myers, Florida. This was a follow-up to the complaint survey #2017005037 completed on 5/17/17. The previous deficiencies were found corrected and no new deficiencies were identified.		