STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969178	R **07/06/2017**
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 revisit survey was conducted on 7/6/17 at Cairn Park 5, an assisted living facility (license #12986) in Cape Coral, FL. This is a follow-up to the complaint survey #2017005039 conducted on 5/17/17.

The previous deficiency was found corrected and no new deficiencies were identified.