STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969031	**05/17/2017**
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 Limited Nursing Services (LNS) survey was conducted on at Cairn Park 3, an asssted living facility (license # 12866) located in Fort Myers, Florida.

The following is description of the deficiency.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to have an interdisciplinary care plan identifying services being provided by hospice and those being provided by the facility for 1 (Resident #1) of 3 residents sampled.

The findings included:

Record review for Resident #1 revealed an admit date to facility of . Hospice services began for the resident on and hospice services were discharged on , but continued as of this visit on .

During interview with hospice nurse (Staff A), on at 11:50 a.m., she reported there was no new order for hospice services. She reported Resident #1 receives hospice services for head to toe assessments; home health aide twice weekly for assistance with ADLs (activities of daily living); and shower or sponge baths.

During interview with facility Executive Director on at 12:00 p.m., she reported she was not aware of the order to discontinue hospice services and was unaware of what services Resident #1 was receiving. She reported she was not aware of any communication by the primary hospice nurse to the facility and she had not had a chance to review resident records for over a month.

Class III