

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968842	(X3) DATE SURVEY COMPLETED 10/02/2017
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 A desk review of submitted materials was completed on 10/2/17 for Cairn Park 2, an assisted living facility (license #12694) located in Fort Myers, Florida. No deficiencies were noted at the time of the desk review. Cairn Park 2 is recommenced for a Standard license with Limited Nursing Services effective 10/2/17.		