STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968842	R 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAIRN PARK 2	**2710 VIA SANTA CROCE CT** **FORT MYERS, FL 33905**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted on at Cairn Park 2, an assisted living facility (license #12694) in Fort Myers, Florida.
This was second follow-up to the relicensure survey conducted on .

The outstanding deficiencies (A0007 and A0077) were unable to be reviewed.

The following is a description of the deficiency found at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to have correct statement for assistance with self administration of medications for 1 (Resident #4) out of 4 residents sampled.

The findings included:

Record review for Resident #4 revealed a statement checked by the resident's health care provider on the health assessment dated . This checked statement was "Resident needs medication administration."

During an interview with Staff F on at 4:30 p.m., she reported she assists all the residents, including Resident #4, with self administration of medications.

During an interview with the Executive Director, on at 5:30 p.m., she reported she was unaware the health assessment for Resident #4 was incorrect.

Class III

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

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During a tour of facility there were 4 residents observed and no manager was present.

During an interview on at 5:30 p.m., the Executive Director reported she is the Director of 2 Cairn facilities in Cape Coral and 3 Cairn assisted living facilities in Fort Myers. She reported she hired an Assistant Executive Director for Fort Myers on but she had to get a new background screen for her as of .

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z806 - Change of Address - 59A-35.040(2-5), FAC

Based on staff interview and observation, the facility failed to notify the Agency upon voluntary discontinuation of operation.

The findings included:

1. On at 12:20 p.m., observation showed when the surveyor rang the door bell at Cairn Park 2, no one answered. There were no staff or residents seen in the building.

On at 12:40 p.m., the Executive Director for Cairn Park 2 said Cairn Park 2 has no staff and no residents in the building. After Hurricane Irma, the facility staff combined the residents and staff with the other Cairn Parks. The owners of these facilities have not officially closed Cairn Park 2.

2. On at 12:45 p.m., a supervisor from the Area 8 Agency for Care Administration office said no one from Cairn Park 4 notified the Agency they are closed or no longer doing business.

The facility did not notify the Agency they are no longer doing business at this facility.

Class III