

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969134	(X3) DATE SURVEY COMPLETED R 07/06/2017
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 4	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 SE 30TH TERR CAPE CORAL, FL 33904	
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 4, an assisted living facility (license #12977) in Cape Coral, Florida. This is a follow-up to the complaint survey #2017005038 completed on 5/17/17. The previous deficiency was found corrected and no new deficiencies were identified.		