STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	R **01/11/2018**
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 attempted on at Cairn Park 4, an assisted living facility (license #12977) in Cape Coral, Florida.

This was a follow-up to an attempted monitoring survey completed on .

The previous deficiency was found to not be corrected.

The following is a description of the deficiency.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	R **01/11/2018**
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)

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:

On at 8:55 a.m., the surveyor arrived at Cairn Park 4 (1433 SE 30th terrace, Cape Coral, Florida) to conduct a revisit survey and a Limited Nursing Services monitoring survey. The surveyor rang the doorbell and there was no answer. When looking through the windows, it appeared no one was inside of the facility. There was no notice on the door to notify visitors that the home was currently closed. There was no vehicles in the driveway. There was a locked key box hooked on the front door knob.

On at 9:00 a.m., a call was made to the owner to his phone number that had been previously provided. He said that Cairn Park 4 remains closed and the home had no residents or staff at the present time.

On 9:07 a.m., a call was made to the Agency for Health Care Administration (AHCA) field office 8 supervisor to update on the status of Cairn Park 4. The supervisor said that owner had stated that he will have a representative to the home within 15 minutes to proceed with the survey.

On at 9:10 a.m., a second call was placed to owner, asking him to send a representative over to Cairn Park 4 to enable the surveyor to proceed with the survey as he had agreed to in correspondence with the assisted living unit and AHCA area 8 field office. The owner said he would have the Executive Director come over to the facility within 15 minutes or less to allow the survey to be conducted.

On at 9:45 a.m., a call was made to the AHCA area 8 field office supervisor to notify them that a representative had not showed up to the facility yet, 35 minutes had past since the owner was spoken to.

On at 9:50 a.m., a call was made to the owner telling him a representative had not come to the facility in 50 minutes since the arrival of the surveyor. The owner was told that it was clear he was not prepared to be surveyed to remain in compliance with all rules, regulations, and inspections. The owner had no explanation for why a representative had not arrived. He stated, "Your office will have to do what it needs to do." The owner was then inform that the previous tag could not be cleared at this time and if he had any questions he would have to call assisted living facility supervisor at AHCA field office 8.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	R **01/11/2018**
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)

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

Unclassified