STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968842	**02/22/2018**
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

An unannounced Limited Nursing Services (LNS) survey was conducted on at Cairn Park 2, an Assisted Living facility in Fort Myers, Florida.

The following is description of the deficiency.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to notify the Agency for Health Care Administration (AHCA) of the new Administrator name within 10 days after the previous Administrator resigned , 2017.

The findings included:

On during a check of the facility information on the Floridahealthfinder.gov website the previous Administrator, who resigned from the facility , 2017, was listed as the current Administrator.

During an interview on at 2:30 p.m., the Executive Director reported she was not aware the current Administrator's name was not sent to AHCA.

Class III