

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969178	(X3) DATE SURVEY COMPLETED R 04/10/2018
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 5	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 ACADEMY BLVD CAPE CORAL, FL 33990	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 4/10/18 at Cairn Park 5, an assisted living facility (license #12986) in Cape Coral, Florida. This was a follow-up to the Limited Nursing Services monitoring survey completed on 2/21/18. The previous deficiency was found corrected.		