STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969031	R **05/25/2018**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **1444 ARGYLE DR** **FORT MYERS, FL 33919**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 5/25/18 for Cairn Park 3, an assisted living facility (license #12866) in Fort Myers, Florida.

The follow-up was in response to the relicensure and limited nursing services monitoring survey which was conducted on 4/2/18.

Based on the facility's supporting documentation, the deficiencies were corrected as of 5/25/18.