STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969134	R **06/26/2018**
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 observation and interview the Cairn Park 4 facility remains unoccupied and closed.

The findings included:

1. Observation of the facility on at 9:30 a.m., revealed the front door of the facility had a lock box on the front door and a type written notice on door stating: "Cairn Park 4 is licensed through the Agency for Health Care Administration as an Assisted Living Facility with Limited Nursing Services. The license number is AL12977. Please contact a member of management 239-362-2376 if you would like to have more information about the facility or need to discuss the services offered by Cairn Park 2. Thank you for stopping by our home, sorry we missed you."

2. Observation of Cairn Park 4 facility on revealed it was furnished but unoccupied.

3. Interview with facility owner on at 10:06 a.m., he stated, "When all of my other facilities are fully occupied then I will open Cairn Park 4. "

Unclassified