

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969178	(X3) DATE SURVEY COMPLETED 06/26/2018
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 complaint survey for CCR#2018006611 was conducted on ... at Cairn Park 5, an assisted living facility (12986) in Cape Coral, Florida. The following is description of the deficiency. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to maintain a safe environment free from hazards for residents at the facility. The findings included: The following was observed during the facility tour at 12:30 p.m., on : a. Two recessed ceiling lights in the kitchen were not working and 2 light bulbs in the ... were not working. b. The ceiling fan light in the common area of the facility where residents watch TV was ... not working. The ceiling fan light in the common area was noted to be the only source of extra light observed. c. The ceiling fan light in resident's was ... working. During an interview on ... at 12:30 p.m., the administrator reported that the ceiling light in the common area where residents watch TV had been out since the maintenance man was notified on ... During this interview with the administrator she reported she called the owner of the facility at 12:45 p.m. on ..., and she was told by him the maintenance man was off today. Class III		