STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969178	R **09/19/2018**
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 9/19/18 at Cairn Park 5, an assisted living facility (license #12986) in Cape Coral, Florida.

This was a follow-up to the complaint survey CCR#2018006611 completed on 6/26/18.

The previous deficiency was found corrected and no new deficiencies were identified.