

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969178	(X3) DATE SURVEY COMPLETED 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 2nd follow-up to the complaint survey for CCR #2018002968 and CCR #2018003988 completed on 4/10/18. The previous deficiency was found corrected and no new deficiencies were identified.		