STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968778	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **9331 VIA SAN GIOVANNI ST** **FORT MYERS, FL 33905**	

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

0000 - Initial Comments

An unannounced relicensure and limited nursing services survey were conducted on . . . . at Cairn Park, an assisted living facility (license #12629) in Fort Myers, Florida.

The following is description of the deficiencies.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and staff interview, the facility failed to have a complete Health Assessment Form (1823) for 1 (Resident #1) of 2 resident records sampled.

The findings included:

Record review of Health Assessment (1823) dated . . . for Resident #1 revealed resident: "needs medication administration." The facility did not have a nurse present in the facility to administer Resident #1's medications.

Omitted from the 1823 form dated . . . was was the address and telephone number of the health care provider.

During interview on at 11:00 a.m., with Administrator, she reported she was unaware the 1823 form was incomplete.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review, and staff interview, the facility failed to maintain a safe living environment free from hazards.

The findings included:

During a tour of the facility on . . . . at 10:00 a.m., the following was observed:

1. 1 of 4 recessed lights in ceiling of kitchen not working.
2. Hallway air conditioner vent covered with white substance,

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3. Hole in window facing street in Resident #1's .
4. Empty resident the facility has large scuff marks on walls. Toilet paper holder in from wall and holes observed .

Record review of the maintenance log on the kitchen wall revealed a list of 6 items to be repaired starting with dates: through .

During an interview with the Administrator on at 11:30 a.m., she reported there is a log in the kitchen on the wall for staff to leave a note listing items for the maintenance man to repair . She reported the maintenance man was on vacation until next Monday.

Class III

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview, the facility failed to have a completed demographic information in the record for 1 (Resident #1) of 2 resident records reviewed.

The findings included:

Record review of Resident #1 revealed a missing social security number for the resident. Also missing was the name, address and telephone number of resident's health care provider. No documentation of the appointment of the health care surrogate, proxy, guardian or power of attorney was found. Resident #1's daughter was the health care surrogate listed.

During an interview with the Administrator on at 1:15 p.m., she reported she was not aware the demographic information in the record was missing.

Class III