

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968778	(X3) DATE SURVEY COMPLETED 06/21/2018
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 limited nursing service survey was conducted 6/19/18 at Cairn Park, an assisted living facility (License #12629) in Fort Myers, Florida.

No deficiencies were found at the time of the visit.