STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968778	R 01/30/2019
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 revisit survey was conducted on [redacted] at Cairn Park, an assisted living facility (license #12629) in Fort Myers, Florida.

This was a second follow-up to the relicensure and limited nursing services survey completed on [redacted].

The following is description of the deficiencies found at the time of the visit.

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

Based on observation and interview we are unable to determination correction of the citation.

The findings included:

Observation of the facility on [redacted] at 1:00 p.m., revealed the facility locked up and window shades drawn. Unable to look in windows.

Interview on [redacted] at 12:26 p.m., with the Administrator of the facility on Argyle Street said the residents were moved out due to problems with the home owner's association. Interview on [redacted] with the Administrator of the facility on Argyle Street said everyone was moved out last week and she does not have access to the house. The owner is in Illinois.

Class III