

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968778	(X3) DATE SURVEY COMPLETED R 02/19/2019
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 at Cairn Park, an assisted living facility (license #12629) in Fort Myers, Florida. No deficiencies were found at the time of the visit.		