

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968842	(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 2	STREET ADDRESS, CITY, STATE, ZIP CODE 2710 VIA SANTA CROCE CT FORT MYERS, FL 33905	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR #2018018375 was conducted at Cairn Park 2, an assisted living facility (license #12694) in Fort Myers, Florida. No deficiencies were found at the time of the visit.		