STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969031	**02/19/2019**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **1444 ARGYLE DR** **FORT MYERS, FL 33919**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR #2018018376 was conducted on 2/19/19 at Cairn Park 3, an assisted living facility (license #12866) in Fort Myers, Florida.

The complaint contained one allegation which was unsubstantiated.

No deficiencies were found at the time of the visit.