

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969178	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 5	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 ACADEMY BLVD CAPE CORAL, FL 33990	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR# 2018018377 was conducted 2/20/19 at Cairn Park 5, an assisted living facility (license #12986) in Cape Coral, Florida. The complaint contained 1 allegation which was unsubstantiated. No deficiencies were found at the time of the visit.		