

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968842	(X3) DATE SURVEY COMPLETED R 04/09/2018
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 revisit survey was conducted on 4/9/18 at Cairn Park 2, an assisted living facility (license #12694) in Fort Myers, Florida. This was a follow-up to the limited nursing service survey completed on 2/22/18. The previous deficiency was found corrected.		