STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968842	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 the fourth follow-up to the relicensure survey completed on 3/13/17.

The previous deficiencies were found corrected.