

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910484	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/09/2024
NAME OF PROVIDER OR SUPPLIER ANTHURIUM (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 12TH STREET, EAST LEHIGH ACRES, FL 33972			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up by desk review was conducted 7/8/24 to 7/9/24 for The Anthurium, an assisted living facility in Lehigh Acres, Florida. The follow-up was in response to the relicensure survey completed on 5/7/24. Based on the facility's plan of correction and supporting documentation, the deficiency was corrected as of 6/7/24 and no new deficiencies were identified.	{A 000}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE