STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910484	03/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anthurium (the)	1835 12th Street, East Lehigh Acres, FL 33972	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B

Specific Tag Findings:
An unannounced Biennial survey was conducted on [redacted] at The Anthurium, an Assisted Living Facility in Lehigh Acres, Florida.

The following is a description of the deficiencies.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC
Based on record review and interview the facility failed to have a medical examination by a health care provider at least every 3 years after the initial assessment, for 1 Resident #7) out of 4 resident records reviewed.

The findings included:

Record review of Resident #7 revealed health assessment form (1823) dated 11

During an interview with Administrator on at 2:10 p.m.,she stated, "I didn't know the resident needed a new 1823."

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, the facility failed to document informed consent for unlicensed staff to assist with self administration of medications, for 3 Resident #6, #7, and #8) of 4 resident records reviewed.

The findings included:

Review od the record for Resident #6, #7, and #8 revealed that the informed consent for unlicensed staff to assist with self-administration of medication was missing in records.

Review od the record for Resident #8 revealed that documentation of the appointment of health care surrogate, health care proxy, or existence of power of attorney, was missing in the record.

During an interview with Administrator on [redacted] at 2:40 p.m., she stated, "I was not aware that those items were missing."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910484	03/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anthurium (the)	**1835 12th Street, East Lehigh Acres, FL 33972**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview, the facility failed to have a statement of 30 day provision of rate increase, in contracts of 4 (Resident #1, #5, #6, and #7) out of 4 resident records reviewed.

The findings include:

Record review for Residents #1, #5, #6, and #7 revealed that there was no provision for at least 30 days written notice to be given to the resident before any rate increase in their contracts with the facility.

During an interview on . . . at 2:00 p.m. the Administrator stated, "I have never had that statement in my resident contracts."

Class . .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Anthurium (the)
1835 12th Street, East
Lehigh Acres, FL 33972

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS
Enclosure: State Form

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