| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910484** | **12/05/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**ANTHURIUM (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1835 12TH STREET, EAST**<br>**LEHIGH ACRES, FL 33972** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**Z815 Background Screening: Prohibited Offenses**

Based on one of four personnel records reviewed, facility staff schedule review and staff interview, the facility failed to ensure Staff B had a background screening completed showing eligibility.

The findings included:

A review of the facility's staff schedule showed Staff B is working weekly.

An interview was conducted with the owner on at 11:40 a.m. She stated Staff B is working at the facility.

A review of Staff B's personnel record showed she was hired on . There were no background screening results in her file.

The Owner stated Staff B applied for an exemption with the background screening and is waiting for the results. She also reviewed Staff B's personnel record and confirmed the results are not in Staff B's file.

The screening results dated / show Staff B is not eligible for employment.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

**RE: CCR #2016012204**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite revisit.

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,

David Day for

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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Fort Myers, FL 33901
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