

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/03/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910484	(X3) DATE SURVEY COMPLETED 02/03/2017
NAME OF PROVIDER OR SUPPLIER ANTHURIUM (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1835 12TH STREET, EAST LEHIGH ACRES, FL 33972	

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

0000 - Initial Comments

An unannounced relicensure abbreviated survey was conducted 1/30/17 at Anthurium, an Assisted Living Facility, (license #7210) in Lehigh Acres, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 3, 2017

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

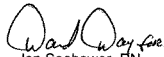
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 30, 2017 by representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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/ka
Enclosure

1GGN

