STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910484	**11/14/2018**
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 emergency power plan monitoring survey was conducted 11/14/18 at The Anthurium, an assisted living facility in Lehigh Acres, Florida.

No deficiencies were found at time of this survey.