STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910484	R **04/16/2019**
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

A licensure revisit survey was completed on 4/16/19 at the Anthurium, an assisted living facility in Lehigh Acres, Florida. This was the follow up to the relicensure survey completed on 2/11/19.

There were no deficiencies found at the time of the visit.