

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967431	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2019
NAME OF PROVIDER OR SUPPLIER LENOX ON THE LAKE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 6700 WEST COMMERCIAL BLVD LAUDERHILL, FL 33319		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 000	Initial Comments An unannounced licensure complaint survey, #2019014334, was conducted on _____ at Lenox on the Lake (The). The facility had a deficiency at the time of the survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _____ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, _____ or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER LENOX ON THE LAKE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 6700 WEST COMMERCIAL BLVD LAUDERHILL, FL 33319		
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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain a clean environment for all residents residing at the facility. The findings included: During a tour of the facility conducted on _____ at 10:30 AM, it was noted that, in the common areas, by the front desk and by the elevator on the Westside of the facility, the carpet was heavily soiled with dark spots. Additionally, on the fourth-floor by the elevator in the Assisted Living section of the facility, there were multiple soiled spots noted. During a tour of the dining area at 12:05 PM on _____ during lunch, an observation conducted in the dining room revealed that the carpet was, in disrepair, heavily soiled and unkempt. The soiled spots were widespread on the carpet in the entire dining room area. During a _____ interview conducted with three residents in the dining room (Residents #1, #2, and #3) on _____ at 12:15 PM, they voiced their concerns and displeasure of having to eat in such an unsanitary and unkempt area. The residents complained that the carpet has been in that condition for a long time (Photographic evidence obtained). In an interview conducted with the Dietary	A 152			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LENOX ON THE LAKE (THE)

**6700 WEST COMMERCIAL BLVD
LAUDERHILL, FL 33319**

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A 152	Continued From page 2 Manager on at about 12:20 PM, she too indicated her frustration regarding the carpet's condition and reported that it was out of her control. During an interview with the Administrator who recently started working at this facility, on at 2:00 PM, she reported that she has been in contact with the Corporate office to rectify the carpet's condition. However, a decision to address that concern was still uncertain. In the meantime, she was not able to provide any pending work order to address the carpet issue. The Administrator voiced concern that it will be addressed and conceded to the findings. Class III	A 152		