AH Form Approved
4/18/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967431

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/17/2013

Name of Facility
LENOX ON THE LAKE (THE)

Street Address, City, State, Zip Code
6700 WEST COMMERICAL BLVD
LAUDERHILL, FL 33319

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 04/17/2013	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 04/17/2013	ID Prefix AZ827 Reg. # 408.812. FS LSC	Correction Completed 04/17/2013
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By MM	Date: 4/19/13	Signature of Surveyor: L. Webb-Peters for L Greenwood	Date: 4/19/13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
11/27/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 19, 2013

Administrator
The Lenox On The Lake
6700 West Commerical Blvd
Lauderhill, FL 33319

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 17, 2013 by representative of this office. Attached is the provider's copy of the State Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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Tallahassee, FL 32308
http://ahca.myflorida.com

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Delray Beach, FL 33484
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