STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967431	08/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lenox On The Lake (the)	6700 West Commerical Blvd Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on _ _ _ at Lenox on the Lake. The facility had a deficiency found at the time of the visit.

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record review and interview, the facility failed to ensure facility staff who have regular contact with or provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment regarding _ _ _ _ _ _ and Related _ _ _ (ADRD), for 3 of 5 sampled employees records reviewed (Employee #1, #2 and #3)

The findings include:

During an interview with the Administrator at 10 M on , it was revealed the facility has a secured unit. It was revealed Employee #1, #2 and #3 all work at various times in the secured unit, confirmed also through review of the facility's staffing schedule. Record review on _ _ _ _ at 11:15 AM with the Administrator revealed the following. Employee #1 hired on . Employee #2 an licensed practical nurse (LPN) hired on and Employee #3 an LPN hired on _ _ _ do not have the required 4 hours of initial ADRD training within 3 months of employment. A review of the facility's admission packet on _ _ _ confirmed the facility advertises a secured memory care unit for resident with , and other kinds of memory _

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 2014 and , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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