

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967431	(X3) DATE SURVEY COMPLETED 12/01/2014
NAME OF PROVIDER OR SUPPLIER The Lenox On The Lake	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 West Commercial Blvd Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AMENDED

Revisit Corrected Tags:

0086-Training - Adrd-12/01/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the Relicensure survey was conducted on December 1, 2014 at The Lenox on the Lake. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

AMENDED

December 5, 2014

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

RE: Relicensure Survey Revisit

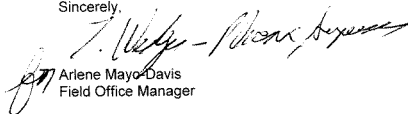
Dear Administrator:

This letter reports the findings of a Relicensure survey revisit conducted on December 1, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), 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,


Arlene Mayo Davis
Field Office Manager

AMD
Enclosure

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