

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965218	(X3) DATE SURVEY COMPLETED 01/13/2015
NAME OF PROVIDER OR SUPPLIER Lakeview Retirement Residence, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 Nw 52nd Court Fort Lauderdale, FL 33309	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services monitoring survey was conducted on 01/13/2015 at Lakeview Retirement Residence, Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 26, 2015

Administrator
Lakeview Retirement Residence, Inc
2304 NW 52nd Court
Fort Lauderdale, FL 33309

RE: Limited Nursing Services (LNS) Monitoring Survey

Dear Administrator:

This letter reports findings of a monitoring survey that was conducted on January 13, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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.shtm> 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

