

4/6/2015

## State Form: Revisit Report

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

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
3/23/2015

Name of Facility

LENOX ON THE LAKE (THE)

Street Address, City, State, Zip Code

6700 WEST COMMERCIAL 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 A0092<br>Reg. # 58A-5.020(1) FAC<br>LSC              | Correction Completed<br>03/23/2015 | ID Prefix A0093<br>Reg. # 58A-5.020(2) FAC<br>LSC                                                                            | Correction Completed<br>03/23/2015                                                      | ID Prefix<br>Reg. #<br>LSC   | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                     | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                                                                                   | Correction Completed                                                                    | ID Prefix<br>Reg. #<br>LSC   | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                     | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                                                                                   | Correction Completed                                                                    | ID Prefix<br>Reg. #<br>LSC   | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                     | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                                                                                   | Correction Completed                                                                    | ID Prefix<br>Reg. #<br>LSC   | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                     | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                                                                                   | Correction Completed                                                                    | ID Prefix<br>Reg. #<br>LSC   | Correction Completed |
| ID Prefix<br>Reg. #<br>LSC                                     | Correction Completed               | ID Prefix<br>Reg. #<br>LSC                                                                                                   | Correction Completed                                                                    | ID Prefix<br>Reg. #<br>LSC   | Correction Completed |
| Reviewed By <i>ML</i><br>State Agency<br>Reviewed By<br>CMS RO | Reviewed By <i>ML</i>              | Date: <i>4/6</i><br>Date:                                                                                                    | Signature of Surveyor:<br><i>Theresa Rivers for E. Miller</i><br>Signature of Surveyor: | Date: <i>4/6/15</i><br>Date: |                      |
| Followup to Survey Completed on:<br>1/5/2015                   |                                    | Check for any Uncorrected Deficiencies. Was a Summary of<br>Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO |                                                                                         |                              |                      |



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 06, 2015

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

**RE: CCR #2014010219**

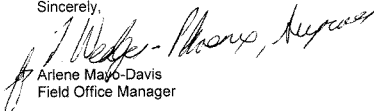
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 23, 2015 by 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.

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

