

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967431	(X3) DATE SURVEY COMPLETED R 01/09/2017
NAME OF PROVIDER OR SUPPLIER LENOX ON THE LAKE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 WEST COMMERCIAL BLVD LAUDERHILL, FL 33319	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced re-visit survey was conducted on 1/9/2017 at Lenox on the Lake Assisted Living Facility Licence# 11507, no deficiencies found at the time of this visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 11, 2017

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

Dear Administrator:

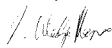
This letter reports the findings of a state licensure survey revisit conducted on January 9, 2017 by a representative of this office.

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.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 the field office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD/ch

DT9D

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