STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969143	**01/30/2017**
NAME OF PROVIDER OR SUPPLIER **LAKES ACTIVE SENIOR LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3700 NW 27 ST** **LAUDERDALE LAKES, FL 33311**	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 was conducted on 1/31/2017 at Lakes Active Senior Living Inc. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 6, 2017

Administrator
Lakes Active Senior Living Inc
3700 NW 27th Street
Lauderdale Lakes, FL 33311

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on January 30, 2017 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no deficiencies noted on the date of the survey. **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/dso
Enclosure: State form 5000-3547

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