STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967431	**02/14/2017**
NAME OF PROVIDER OR SUPPLIER **LENOX ON THE LAKE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6700 WEST COMMERICAL BLVD** **LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2016013250 was conducted on 2/14/17 at Lenox on the Lake, an Assisted Living Facility (license #11507) in Lauderhill, Florida. The facility had no deficiencies identified at the time of the survey.