

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967431	(X3) DATE SURVEY COMPLETED 03/06/2017
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 licensure complaint survey, CCR# 2017002382 , was conducted on 3/6/2017 at Lenox on the Lake, License # 11507. The facility had no deficiencies at the time of the investigation.