STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969196	**06/19/2017**
NAME OF PROVIDER OR SUPPLIER **NENA'S ON THE LAKE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8140 NW 47TH CT** **FORT LAUDERDALE, FL 33351**	

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 06/19/2017 at Nena's On the Lake. The facility had no deficiencies found at the time of the visit.