STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967431	**12/06/2017**
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 licensure complaint survey, CCR#2017008925, was conducted on 12/1/2017 through 12/06/2017 at Lenox on the Lake, License # 11507. The facility had no deficiencies at the time of the investigation.