STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969143	**11/29/2018**
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 unannounced Relicensure survey was conducted on 11/29/2018 at Lakes Active Senior Living Inc, License # 12965. The facility had no deficiencies identified at the time of the survey.