

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967431	(X3) DATE SURVEY COMPLETED R 12/11/2018
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 Relicensure revisit survey was conducted on 12/11/2018 at The Lenox on the Lake, License #11507. The previously cited deficiencies were found corrected at the time of the survey.