

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969196	(X3) DATE SURVEY COMPLETED R 05/08/2019
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

A revisit to the Relicensure survey was conducted by desk review on 05/08/2019 for Nena's On the Lake, Llc. The previously cited deficiencies were found corrected at the time of the survey.