STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969143	**05/23/2019**
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 Extended Congregate Care (ECC) Monitoring survey was conducted on 05/23/2019 at Lakes Active Senior Living Inc. The facility had no deficiencies at the time of the survey.