AH Form Approved
6/7/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11912046

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/7/2013

Name of Facility
LIVEWELL AT CORAL PLAZA

Street Address, City, State, Zip Code
5850 MARGATE BLVD.
MARGATE, FL 33063

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	Correction Completed **06/07/2013**	ID Prefix **A0058** Reg. # **429.42 FS; 58A-5.033 FAC** LSC	Correction Completed **06/07/2013**	ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC	Correction Completed **06/07/2013**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By**	**Date:**	**Signature of Surveyor:** [signature]	**Date:** 6/7/13
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
10/19/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 7, 2013

Administrator
Livewell At Coral Plaza
5850 Margate Blvd.
Margate, FL 33063

Dear Administrator:

This letter reports the findings of a licensure survey second revisit conducted on June 7, 2013 by a representative of this office. Attached is the provider's copy of the State Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call 06072013 at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis/ms
Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924