

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 02/17/2016
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NAME OF PROVIDER OR SUPPLIER LIVWELL AT CORAL PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 MARGATE BLVD. MARGATE, FL 33063
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint investigation (CCR 2015012266) was conducted at Livewell at Coral Plaza Assisted Living Facility on 2/17/16. The facility had no deficiencies found at the time of the complaint investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 1, 2016

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

RE: CCR #2015012266

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 17, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/jw

Enclosure: AHCA Form 5000-3547

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