

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911412	(X3) DATE SURVEY COMPLETED 03/09/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL AT COURTYARD PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 15520 NW 2 AVENUE NORTH MIAMI BEACH, FL 33160	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Services Monitoring Survey was conducted on March 08 and March 09, 2017. Livewell at Courtyard Plaza (license # 7169) with Limited Nursing Services and Limited Mental Health had no deficiencies identified at the time of the survey.		