

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 09/27/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL AT CORAL PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 MARGATE BLVD. MARGATE, FL 33063	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey, CCR# 2017005626 was conducted on 9/27/17 at Livewell at Coral Plaza, License # 7861. The facility had no deficiencies at the time of the visit.