STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	**11/17/2017**
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 licensure complaint survey CCR #2017008508 was conducted on 11/17/2017 at Livewell At Coral Plaza, License # 7861. The facility had no deficiencies identified at the time of the visit.