

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 12/22/2017
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

A Limited Nursing Service (LNS) monitoring visit was conducted on 12/22/17 at Livewell at Coral Plaza, an Assisted Living facility, License #7861. The facility had no deficiencies at the time of the visit.