STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	R **03/19/2018**
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 revisit to the complaint survey, CCR #2017007690, was conducted on 02/28/2018 and 03/19/2018 at Livewell at Coral Plaza, a 140 bed ALF, License #7861, The facility had no deficiencies at the time of the visit.