

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911412	(X3) DATE SURVEY COMPLETED R 08/23/2018
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 Monitoring Survey Revisit was conducted on August 23, 2018. Livewell at Courtyard Plaza (license #7169) had no deficiencies identified at the time of the survey: