

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED R 09/25/2018
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 Relicensure revisit survey was conducted on 09/25/2018 at Livewell At Coral Plaza, License #7861. All outstanding deficiencies were found corrected at the time of the survey.