

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 11/29/2018
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 A unannounced licensure complaint survey, CCR #2018014230, was conducted on 11/29/2018 at Livewell at Coral Plaza, License #7861. The facility had no deficiencies identified at the time of the survey.		