

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 03/25/2019
NAME OF PROVIDER OR SUPPLIER LIVEWELL AT GRAND COURT LAKES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR#2019002390) revisit survey was conducted on Livewell at Grand Court Lakes, LLC had no deficiency identified at the time of the survey.		