

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 02/28/2019
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 licensure complaint survey, CCR #2018016294 was conducted on at Livewell at Coral Plaza, License #7861. The facility had no deficiencies at the time of the survey.		