

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911412	(X3) DATE SURVEY COMPLETED R 04/11/2019
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 second revisit to a complaint survey (complaint #2018012438) was conducted at Livewell of Courtyard Plaza on April 11, 2019. The facility had no deficiencies identified at the time of the survey.