

**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 biennial survey revisit was conducted at Livewell at Courtyard Plaza on 04/11/19. The facility had no deficiencies identified at the time of the visit.