

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/18/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911412	(X3) DATE SURVEY COMPLETED 07/02/2013
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A unannounced Limited Mental Health Expansion was conducted on July 1-2, 2013. The Livewell at Courtyard Plaza Assisted Living Facility was not found to be in compliance during this visit and deficiencies were cited under Change of Ownership Survey



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 24, 2013

Administrator
Livewell At Courtyard Plaza
15520 Nw 2 Avenue
North Miami Beach, FL 33160

Dear Administrator:

This letter reports findings of a state Limited Mental Health (LMH) Expansion survey that was conducted on July 2, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

 Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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