State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911412	A. Building B. Wing	9/3/2015

Name of Facility	Street Address, City, State, Zip Code
LIVEWELL AT COURTYARD PLAZA	15520 NW 2 AVENUE NORTH MIAMI BEACH, FL 33160

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0025	Correction Completed 09/03/2015	ID Prefix A0077	Correction Completed 09/03/2015	ID Prefix A0078	Correction Completed 09/03/2015
Reg. # 429.26(7) FS; 58A-5.0182(1		Reg. # 429.176 FS; 58A-5.019(1) F		Reg. # 58A-5.019(2) FAC	
LSC		LSC		LSC	
ID Prefix A0089	Correction Completed 09/03/2015	ID Prefix A0165	Correction Completed 09/03/2015	ID Prefix	Correction Completed
Reg. # 429.178 FS		Reg. # 429.23(1-4 & 6-10) FS; 58A		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By	Date: 09/10/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
7/24/2015			

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2015

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

Dear Administrator:

This letter reports the findings of a Complaint Survey Revisit conducted on September 3, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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