STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	02/03/2016
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

Two complaint Surveys were conducted on . / / (CCR # 2015012690 and CCR # 2016000952). Livewell at Courtyard with Limited Mental Health and Limited Nursing Services Components had the following deficiencies identified at the time of the visit:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to provide adequate supervision to meet the needs of one of 115 residents (Resident #1) . The facility provided no coordination of care to follow up after Resident #1 was hospitalized. This resulted in Resident #1 being discharged to homelessness after a hospitalization without the facility being aware of the Resident's discharge for more than one month.

Findings:

Record review documented that Resident #1 was admitted to the facility on . The resident was under guardianship.

Record review revealed that Resident #1 went to a regular doctor's appointment at the hospital, on and was transferred to the emergency . Record review revealed that Resident #1 was subsequently admitted to the hospital on .

Record review revealed that the facility has a contract with the resident's guardian that states the facility has to call the guardian when a resident under their care is taken to the hospital.

Record review revealed that Resident #1's guardian was informed on . / / about resident #1 being admitted to hospital a month earlier, on / / .

Record review revealed that on . / / , Resident 's #1 guardian came to facility asking for Resident #1. The facility informed the guardian resident was in the hospital. The guardian called the hospital and was informed resident was not there.

A review of police department reports revealed that on / the Police came to facility for missing person report made by the guardian regarding resident #1.

Record review revealed that there was no documentation indicating that the facility made contact with

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the hospital to follow up about when resident #1 would be discharged from facility.

During an interview on / / at 10:20 am, the Director of Nursing (DON) stated that she followed up with the supervisor at the hospital. sending her emails that were not returned. Then, two weeks later sent another Email asking whether they have news about resident #1 and she responded to me that resident had been admitted and discharged from the hospital several times since . The person said that Resident #1 was registered as homeless in their records. Resident #1 was a homeless person before coming to live to facility.
On / am at 11:30 a.m. The facility administrator stated Regarding Resident #1 "We never had an issue with communication before with the guardians. The guardianship never voiced a communication problem to us".

On / 10:20 a.m. The Facility Administrator stated that Resident#1's guardian came to the facility on / for regular follow up and was told her that resident #1 was hospitalized. On / / the police came to facility and told us the guardian called the police regarding resident #1.
On / at 11:20 a.m., the marketing Director stated that Resident was sent to the Hospital with a Companion, on / and never returned to facility. She further stated that the resident did not elope from facility and was discharged from Hospital.
On / at 10:20 a.. the Facility Administrator, Facility Owner and the DON stated resident #1 was sent to hospital with a Companion on 12// and never returned to facility. They added resident's #1 Guardian made a Police report for a missing person.
On / 10:20 a.m. The Facility Administrator, Facility Owner and the DON also stated the facility failed to send an incident report to AHCA.

Class III

0165 Risk Mamt & QA: Adverse Incident Report

Based on record review and interview the facility failed to report an adverse incident to AHCA for one of 115 residents (Resident #1) when the resident did not return to the facility for more than one month following an emergency hospitalization.

Findings:

Record review revealed that Resident #1 was admitted to facility on . Resident was under the Guardianship program.

Record review revealed that Resident #1 was sent to the hospital on /.

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Record review revealed that on / the facility left a message for the guardianship program stating resident was sent to the hospital. Resident never came back to facility.

On / Resident 's #1 came to facility asking for Resident #1. The facility informed the guardian resident was in the hospital. The guardian called the Hospital and was informed resident was not there.

An interview on at 11:25 am with a representative of the guardian's office revealed that the guardian's office never received notification from the facility that Resident #1 was hospitalized.

Record review revealed that on / the Police came to facility for missing person report made regarding resident #1 by the guardian, Record review further the facility did not make the incident report to AHCA regarding the elopement of Resident #1.

On / 10:20 a.m. the Facility Administrator, Facility Owner and the Director of Nursing (DON) stated resident #1 was sent to hospital with a Companion on 12// and never return back to facility. They added resident's #1 Guardian made a Police report for a missing person.

The Facility Administrator, Facility Owner and the DON acknowledged that the facility failed to send an incident report to AHCA.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Livewell At Courtyard Plaza
15520 Nw 2 Avenue
North Miami Beach, FL 33160
RE: CCR #2016000952

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure 2016000952
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
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SlideShare.net/AHCAFlorida