STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	**05/03/2016**
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

A Complaint (CCR#2016004729) Survey was conducted on May03, 2016 at Livewell At Courtyard Plaza with Limited Mental Health & Limited Nursing Services components. There were no deficiencies identified at time of the survey .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 11, 2016

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

Dear Administrator:

This letter reports findings of a complaint state licensure survey that was conducted on May 3, 2016 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure

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