



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 1, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on January 1, 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 January 1, 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

XG90

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911412	(X3) DATE SURVEY COMPLETED 09/21/2016
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 Limited Nursing Services Monitoring Survey was conducted on [redacted], 2016. Livewell at Courtyard Plaza (AL#7169) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey.

Z815 Background Screening: Prohibited Offenses

Based on record review and interview facility failed to provide documentation of a current eligible level II background screening by [redacted], 2015 for a person whose last level II background screening was conducted between [redacted], 2009 and [redacted], 2011, and whose level II background screening was also expired, for 1 out of 1 sampled staff (Registered Nurse).

Findings included:

A review of the Registered Nurse's (RN) personnel record revealed that the last level II background screening was completed on [redacted] and the status was Eligible. Review of the Background Screening Clearinghouse database revealed that the background screening for the RN has a comment saying: " Agency Review Required. "

On [redacted] at 12:50 pm the office manager on the phone stated that she will check the nurse ' s employee record and will tell her that she needs a new background screening.

Unclassified