RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 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 relicensure survey that was conducted on 21, 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
XG90

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Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	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 Standard Biennial Survey was conducted on , 2016. Livewell at Courtyard Plaza (AL#7169) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review and interview the facility failed to have an accurate health assessment for 2 out of 14 sampled residents (Residents # 6 and # 12).

Findings included:

Review of Resident # 12's record revealed that the last health assessment (AHCA form 1823) was completed on / ; on the first page the following sections were left blank: Physical or Sensory limitations, or behavioral status and Special precautions.
Review of Resident # 6's record revealed that the last health assessment (AHCA form 1823) was completed on ; on the first page the following sections were left blank: Physical or Sensory limitations, Nursing/ Treatment/ Services Requirement and Special precautions.
During exit conference on / at 1:45 pm the administrator stated that the doctors are always in a hurry and they do not fill out the 1823s correctly and that they get mad when asked to completely fill them out.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to keep medications locked at all times.

Findings Included:

During tour of the facility on in # found a bottle of and a bottle of Centrum Silver on top of the night stand table; in # a bottle of was found on top of the night stand table; in # a bottle of was found on top of the night stand table and in # a bottle of Milk of Magnesia and a bottle of were also found.
At 10:15 am the Administrator stated that they are tired of talking to the families but they keep bringing the medications without letting the office know. She also stated that every morning they do rounds and keep finding medications even when they have had meetings with the residents and their relatives.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0056 Medication - Labeling and Orders

Based on observation and interview the facility failed to keep medications properly labeled.

Findings Included:

During tour of the facility on in # found a bottle of and a bottle of Centrum Silver on top of the night stand table; in # a bottle of was found on top of the night stand table; in # a bottle of was found on top of the night stand table and in # a bottle of milk of Magnesia and a bottle of were also found. None of the medications had labels.
At 10:15 am the Administrator stated that they are tired of talking to the families but they keep bringing the medications without letting the office know. She also stated that every morning they do rounds and keep finding medications even when they have had meetings with the residents and their relatives.

Class III