STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	**03/09/2017**
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 08 and , 2017. Livewell at Courtyard Plaza (license # 7169) with Limited Nursing Services and Limited Mental Health had deficiencies identified at the time of the survey:

A Standard Biennial Survey was conducted on - 9th, 2017. Livewell at Courtyard Plaza (AL#7169) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview the facility failed tomaintain a genereal awareness of the whereabouts of one of three sampled residents (Resident #71).

Findings Include:

Facility tour

Observation conducted on at 7:30 PM showed that Resident # 11 resides in # and Resident #10 resides in # .Resident # 10 was not in her the caregivers did not know where she was. The resident was brought by one of the caregivers to her # .

Interviewed on at 1:20 PM, the Administrator stated Resident #10 and #11 walk around together all day. "We do rounds every two hours. We allow Resident #10 to be inside Resident's #11 . We are happy that Resident # 10 has a friend in the facility. Resident's # 10 son came and spoke with me. He did not have any concern with the situation. Resident's #10 daughter called me to say that she did not like that her mother had a boyfriend in the facility. I explained to her that her mother was happy and she likes to be with resident # 11 all the time. In addition, I told her that if she wanted I would give her mother a 45 day notice, but she refused." The Administrator She confirmed that facility rounds did not document resident's locations inside the facility all the time."

A review of the facility rounds records for one week showed that Resident #11 was in # 's three times and Resident #10 was in Resident #12's , one time. The record did not document the time of the of the observation.

Interviewed at 11:44 AM, Staff E stated "Resident # 10 resides in with Resident #

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	**03/09/2017**
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)

23. I assist her with her bath and dressing. She is friend of Resident # 11. They get along good. They do not live in the same . They sit on her bed and talk during the day."

Interviewed on at 12:13 PM, Staff E stated "Resident #11 resides in # . I stand in his his bath but I do not touch him. I put everything on his bed and he takes it. He has his own . He is . I cannot keep a conversation with him. He is a friend of Resident #10. They were together all day. We go to the every two hours. I got inside his they were inside his during the day. They are good friends. I never observed anything else."

Class III