

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911412	(X3) DATE SURVEY COMPLETED 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 Complaint Investigation Survey was conducted on 03/08/2017 & 03/09/2017 (CCR # 2017001875 and #2017001174). Live well At Courtyard Plaza, license #7169, with Limited Nursing Services and Limited Mental Health components had deficiencies at time of the survey. The deficiencies were cited under the Standard Biennial Survey (BUXT11).