STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	R 08/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL AT COURTYARD PLAZA	**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 2nd Revisit Survey was conducted from ⌄ 10, 2017 to ⌄ 11, 2017. Livewell at Courtyard Plaza (license # 7169) with Limited Nursing Services and Limited Mental Health had deficiencies identify at the time of the survey.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the facility failed to file an adverse incident report for 1 of 28 sampled residents when Resident #26 and sustained a closed sacral requiring hospitalization.

Findings included:

A review of Resident# 26's record revealed that there was no comprehensive documentation in the file about a that had occurred in , requiring hospitalization.

Hospital record review for Resident #26's revealed that the resident was hospitalized from to , diagnosed with a sacral , closed. The admission diagnosis was with a sacral . The resident was transferred to a rehabilitation center.

A review of the Agency for Health Care Administration (AHCA) incident report database revealed that the facility didn't submit an initial or a 15 day adverse incident report regarding Resident #26's injury, which resulted in hospitalization.

Interview on at 12:30 PM with the Administrator acknowledged she did not file an initial adverse incident report for Resident #26.

Class III Uncorrected