STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	R 06/13/2018

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 complaint revisit survey was conducted on , 2018 at Livewell at Courtyard Plaza, License 7169 with Limited Nursing Services and Limited Mental Health Components. The facility had the following deficiency identified at the time of the survey:

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to maintain 3-day nonperishable food supply, ready to serve, on hand at all times.

Findings included:

On , 2018 at 11:30 am in the 3-day reserve supply storage , observed a box of six cans, 12 oz each, of Chef Boyardee Beef Ravioli in Tomato & Meat Sauce with an expiration date of 3, 2017.

On , 2018 at 11:30 am, Kitchen Staff acknowledged the expired food and removed it from the storage be discarded.

Class III