STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	**06/13/2018**
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 6th Month Monitoring Survey was conducted on , 2018. Livewell at Courtyard Plaza (license #7169) had the following deficiency identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview facility failed to provide documentation of an negative ( ) test result for one out of six sampled staff (Staff A) .

Findings included:

A review of the Administrator's personnel record found no documentation of a current statement. The most recent one found was dated , and was expired.

On at 4:45 PM the Administrator verified after review that she did not have documentation of a negative screening for Staff A.

Class III