STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	**02/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lizi Home Care Iii, Inc	**11633 Sw 133 Terrace Miami, FL 33176**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Lizi Home Care III, Inc. had deficiencies at the time of the survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the Assisted Living Facility failed to keep medications in a locked cabinet,locked cart, or other locked storage receptacle, , or area at all times.

Findings include:

Observed during tour of facility on the kitchen that medication cabinet was unlocked on at 11 a.m.

In an interview with caregiver_A on at 11:10 a.m. revealed that facility just replaced kitchen cabinets and the new cabinet did not have a lock yet.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review and interview the Assisted Living Facility failed to have a caregiver that provide services to residents in the facility with the background screening level 2 done (caregiver_B).

Findings include:

Caregiver_B was observed on at approximately 11:10 a.m. preparing lunch, serving table and interacting with residents on the dining .

Record review of caregiver_B's personnel file revealed that there was not background screening results for caregiver_B.

Record review revealed that Agency Health Care Administration (AHCA) background screening website reflected- no records were found for caregiver_B.

In an interview with caregiver_B on at 11:25 a.m. revealed that she has not gotten checked her background screening.

In an interview with administrator on at 11:50 a.m. revealed that caregiver_B started working in the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	02/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lizi Home Care Iii, Inc	11633 Sw 133 Terrace Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

facility on and she did not have any documentation in the facility for caregiver_B.

Class Unclassified

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview the Assisted Living Facility failed to not exceed the licensed capacity of six residents.

Findings include:

Observation during a general tour of the facility on at approximately 9:50 a.m. revealed that there were 7 residents in the facility at the time of the survey, residents #1, #2, #3, #4, #5, #6 and #7.

Record review of resident #1's file revealed that resident agreement for & board include $800 and ACS $9.28 per day: sup/assist ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services dated and signed . Last health assessment completed on indicated that resident needs assistance with ambulation, eating, toileting, bathing, dressing and self care ( ) and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility.

Record review of resident #2's file revealed that resident agreement for & board include $1,100: sup/assist ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services dated and signed . Last health assessment completed on indicated that resident was independent with ambulation, bathing, dressing and eating, supervision for self care ( ) and toileting and assistance for transferring and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility

Record review of resident #4's file revealed that resident agreement for & board include $800: sup/assist ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services dated and signed . Last health assessment completed on indicated that resident was independent with ambulation and eating, supervision for dressing,self care ( ) and toileting, needs assistance with bathing and transferring and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility.

Record review of resident #3's file revealed that resident agreement for & board include $1,100: sup/assist

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	02/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lizi Home Care Iii, Inc	11633 Sw 133 Terrace Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services, housekeeping, laundry, meals (3 per day) linen and supplies dated and signed . Last health assessment completed on indicated that resident was supervision with ambulation, dressing, eating, self care ( ) and toileting, and assistance for bathing and transferring and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility.

Record review of resident #5's file revealed that resident agreement for & board include $700 : sup/assist ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services dated and signed . Last health assessment completed on indicated that resident was independent with ambulation, eating and toileting, and supervision for bathing, dressing and self care ( ) and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility.

Record review of resident #6's file revealed that resident agreement for & board include $750: sup/assist ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services dated and signed . Last health assessment completed on indicated that resident was independent with ambulation, eating, transferring and toileting, and supervision for bathing, and needs assistance with dressing and self care ( ) and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility.

Record review of resident #7's file revealed that resident agreement for & board include $750: sup/assist ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services dated and signed . Last health assessment completed on indicated that resident was independent with eating and toileting, supervision for ambulation, needs assistance with bathing, dressing, self care ( ) and transferring and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility.

Record review of resident #6's file revealed that resident agreement for & board include $750: sup/assist ambulation, sup/ assist bathing, sup/assist dressing, sup/assist toileting/ diaper change, sup/assist feeding/ eating, sup/assist /self care, sup/assist transferring, sup/assist medication management, sup/assist making telephone call, sup/assist transportation arrangements, sup/assist reminders of important tasks, observing resident's well-being, limited mental health and limited nursing services dated and signed . Last health assessment completed on indicated that resident was independent with ambulation, eating, transferring and toileting, and supervision for bathing, and needs assistance with dressing and self care

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	**02/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lizi Home Care Iii, Inc	**11633 Sw 133 Terrace Miami, FL 33176**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

( ) and indicated that individual's needs can be met in an assisted living facility which is not a medical, nursing or facility.

In an interview with resident #7 on at approximately 11:15 a.m. revealed that he lived in the facility, staffs assisted him with bathing, dressing and medication management, they cooked, made laundry.

In an interview with resident #6 on at approximately 11:15 a.m. revealed that she lived in the facility. Her husband (resident #7) lived on the same he stated that his wife received assistance from facility's staffs for everything because she was completed disoriented.

In an interview with resident #1 on at approximately 11:25 a.m. revealed that she lived in the facility, staffs assisted her with everything, including ambulation, bathing, eating, toileting, dressing and medication management, they cooked, made laundry.

In an interview with resident #4 on at approximately 11:38 a.m. revealed that he lived in the facility, staffs assisted him with bathing, transferring and medication management, they cooked, made laundry.

In an interview with resident #5 on at approximately 11:45 a.m. revealed that he lived in the facility, staffs assisted him with medication management, they cooked, made laundry.

In an interview with resident #3 on at approximately 11:55 a.m. revealed that she lived in the facility, staffs assisted her with bathing, transferring and medication management, they cooked, made laundry.

In an interview with resident #2 on at approximately 12 p.m. revealed that she lived in the facility, staffs assisted her with transferring and medication management, they cooked, made laundry.

Class Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lizi Home Care III, Inc
11633 Sw 133 Terrace
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121