STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	05/19/2014
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 - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Investigation Survey (CCR#201400376) was conducted at on , 2014. Lizi Home Care III had the following deficiencies at time of survey.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview facility's administrator failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings include:

Record review of administrator on revealed that the last 12 hours of continuing education was done on and expired on .

At 12:20 pm on administrator stated on interview: " I did not know those trainings were expired. I know I have trainings that are about to expired. I will make appointments to get the new trainings. "

Class III.

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview facility failed to maintain a valid and First Aid card documenting the completion of such courses in the facility at all times for 1 out 3 sampled employees (# C).

Findings include:

Record review of employee # C (Date Of Hire) revealed that her and First Aid training expired on .

At 11:20 am employee # C stated: " I did not realize that my had expired. I will make an appointment to have a new one. "

Class III.

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview facility failed to provide evidence of completing a 3 hours of continuing education in topics related to mental health for 1 out of 3 sampled employees (# A).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	**05/19/2014**
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)

Findings include:

Record review of employee # A (administrator) revealed that the last 3 hours update of Limited Mental Health was done on . . . . / / and expired on .

At 12:20 pm on employee # A (administrator) stated on interview: " I did not know those trainings were expired. I know I have trainings that are about to expired. I will make appointments to get the new trainings. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Re: CCR #2014003786

Dear Administrator:

This letter reports the findings of a state complaint investigation 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 , 2014 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:

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