STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	**07/10/2014**
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)		

Revisit Corrected Tags:
0083-Training - First Aid And , -07/10/2014

Revisit Repeat Tags:
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
L243-Lmh - Training-58a-5.0191(8) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Complaint Survey (CCR#201400376) Revisit was conducted at on 07/10/2014. 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 STILL failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings include:

Record review revealed, the facility administrator's last 12 hours of continuing education were done on !.

On at 8:45 a.m. the facility administrator stated did not receive the 12 hours of continuing education yet.

Class III

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

Based on record review and interview facility STILL 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).

Findings include:

Record review documented the employee A (administrator) last 3 hours update of Limited Mental Health training were done on / !.

On at about 8:50 a.m. employee A (administrator) stated had not received, yet, the Limited Mental Health continuing education training.

Class III

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 revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

All deficiencies shall be corrected no later than

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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