

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967496	(X3) DATE SURVEY COMPLETED 09/24/2014
NAME OF PROVIDER OR SUPPLIER Lizi Home Care III, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 11633 Sw 133 Terrace Miami, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0080-Training - Core & Competency Test-09/24/2014

L243-Lmh - Training-09/24/2014

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR#201400376) 2nd revisit was conducted at on 09/24/2014. Lizi Home Care III, Inc had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 8, 2014

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

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey 2nd revisit conducted on September 24, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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