STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	12/08/2014
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 - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Lizi Home Care III, Inc. Assisted Living Facility had the following deficiencies at time of the survey.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on observation, record review, and interview the facility failed to ensure that 1 out of 7 (Resident #1) admitted to the facility was able to perform the activities of daily living (ADLs) with assistance or supervision.

Findings Include:

Observation on at 11:42 AM staff A. grab resident #1 under her arms and lifted resident from the recliner to the wheel chair. In an interview, Staff A. stated, she gets up but she has a side of her body that is paralyzed." Observation of Staff A. moving resident #1 to the dining table in the kitchen for lunch, the resident was served a puree meal. Observation of Staff B. prompting resident #1 to feed herself, resident #1 picked up the spoon but was unable to feed herself. Staff B. then proceeded to feed Resident #1.

On at 12:05 PM after resident #1 was done with her meal observed Staff A. move resident #1 on her wheel chair to the recliner in the family . Staff A. then grabbed resident #1 under her arms and lifted resident #1 from the wheel chair and with resident #1 feet of the ground and sat her back on the recliner chair.

On at 12:15 PM review of Health Assessment for resident #1 stated Physical or sensor limitation: Low vision, low hearing. status: Low memory and low concentration. Nursing/ treatment: None listed. Special precaution: None listed. Assistance with Daily Living Levels were listed as, Ambulation, Needs Assistance. Bathing, Needs Assistance. Dressing, Needs Assistance. Eating, Needs Supervision. , Needs Assistance. Toilet, Needs Assistance. Transfer, Needs Assistance. Doctor checked " Needs can be met " at an Assisted Living Facility.

On at 12:25 PM Staff A. stated, resident #1 will have to leave. I will call resident #1's daughter and tell her she nas to move her, she needs to go to a nursing home. "

Class III

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0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview, and record review the facility failed to obtain a written physician's order for use of a half-bed rails for 1 out of 7 sampled residents (#3).

The findings included:

Observation on at 9:40 AM, showed resident #3 with half-bed rails attached to the resident's bed.

Resident #3's record review showed the resident file did not contain a written physician's order for use of a half-bed rail.

During an interview on at 3:10 PM, the facility's administrator stated the facility had not obtained a written physician's order for use of a half-bed rail for Resident #3.

Class: III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on personnel record review and staff interview the facility failed to ensure that all hired staff had received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for 2 out of 3 (A. & C.) sampled staff.

The findings include:

On at 2:05 PM personnel record review and interview revealed documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for Staff A. (hire date) expired and Staff C. (hire date /) expired / .

On at 2:15 PM Staff A. administrator acknowledged the findings and stated, "I have to schedule the training updates."

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview facility failed to maintain prescription for pureed diet for 1 out of 7 sampled residents (#1).

Findings include:

On at 12:00 PM meal observation found resident #1 was served a puree meal. Observation og Staff B. prompting resident #1 to feed herself, resident #1 picked up the spoon but was unable to feed herself. Staff B. then proceeded to feed Resident #1. Record review for resident #1 found no prescription for pureed diet in the residents file.

On at 12:20 PM Administrator stated that the facility did not have a doctor ' s order for puree diet on

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resident #3. She stated, " I will call him and ask him for the prescription. " .

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to maintain documentation of the power of attorney (POA) or the appointment of a health surrogate, or evidence of the appointment of a guardianship for 1 out of 7 (#1) sample residents.

Findings include:

On at 11:05 AM record review found resident #1 sister had signed the contract and other admission forms. Resident's record found documentation of a power of attorney (POA) from resident #1 sister appointing her daughter as residents #1 sister true and lawful attorney in fact. This POA did not appoint a health surrogate, or had evidence of the appointment of a guardianship that covered resident #1.

On at 11:15 AM Staff A. Administrator stated, " That is the power of attorney I was given for resident #1 I guess it is the wrong one. "

Class III

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

Based on record review and interview the facility failed to ensure that 2 out of 3 sampled employees (b. & c.) have received the minimum 6 hours limited mental health training or the 3 hours of Continuing Training in Limited Mental Health.

Findings include:

On at 1:35 PM record review showed Staff B. (hire date / /) and Staff C. (hire date / /) had no documentation of the initial Limited Mental Health Training.

On at 1:55 PM. the administrator acknowledged the findings and stated, "I have to schedule them for the training."

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview, the facility failed to submit to the Agency 60 to 120 days in advance a request to modify the licensed capacity. The facility exceeded their licensed capacity of 6 beds.

Findings included:

On at 9:25 AM during tour of the Assisted Living Facility (ALF) Staff B. stated, " In # I we have residents #1 and #2. I # resident #3, I # residents #4 and 5, and in # #6 and #7.

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On at 9:35 AM When asked about the overcapacity Staff B. stated, "I made a mistake resident #1 is a daycare, her daughter drops her off early in the morning and then picks her up in the afternoon."

On at 9:45 AM Interviewed resident #1 who was sitting in the family , asked her, do you live here, she stated, " yes " , I asked her where do you sleep?, she looked toward #1 and stated, " there. " On at 1:10 PM resident #2 stated resident #1 has been my since I ' ve lived here.

On at 10:05 AM review of the admissions discharge log shows resident #2 was discharged from the ALF on and resident #5 was transferred to another ALF on / , both residents are present during this survey. On resident #2 stated, I was moved to the other house, but I just wanted to be back here, this is my home. On resident #5 stated " I went to the other house but I am back here, I like it here. "

On at 10:19 AM Staff A. administrator stated, " resident #1 has been here forever but I have a situation with her I am moving her to daycare however her daughter is taking her home at night and paying me less. "

On at 10:25 AM administrator stated, I moved them to my other ALF, but they did not get used to living there, they both said they wanted to come back home.

On at 10:43 AM Staff A. administrator stated, I know I am over capacity, I ' ve tried to take someone out, but they don ' t want to leave. I have told the families but they won' t take them out.

On at 12:05 PM Staff A. stated, resident #1 will have to leave. I will call resident #1's daughter and tell her she has to move her, she needs to go to a nursing home. "

Unclassified

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 standard biennial survey that was conducted on 8, 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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