STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	02/12/2015
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:
0007-Admissions - Criteria-02/12/2015
0030-Resident Care - Rights & Facility Procedures-02/12/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-02/12/2015
0093-Food Service - Dietary Standards-02/12/2015
L243-Lmh - Training-
Z827-Unlicensed Activity-

Revisit Repeat Tags:
0162-Records - Resident-58a-5.024(3) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was conducted on 02/12/2015. Lizi Home Care III, Inc. Assisted Living Facility still had a deficiency at time of the survey.

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

Based on record review and interview the facility STILL 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 6 (#1) sample residents.

Findings include:

Record review documented resident's #1 sister had signed the contract and other admission forms. Resident's record found documentation of a power of attorney (POA) from resident's sister appointing her daughter as resident's #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 9:50 am the facility administrator stated, the family member of resident #1 has not provided the power of attorney yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on , 2015 by 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.

. All deficiencies shall be corrected no later than , 2015.

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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