STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965247	10/07/2015
NAME OF PROVIDER OR SUPPLIER **LIZI HOME CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 131 PLACE** **MIAMI, FL 33175**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on / . Lizi Home Care ALF with Limited Nursing Services had the following deficiencies found at time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to obtain a written physician's order for use of a full bed rail for one out of seven (#2) sampled residents. The facility failed to treat two out seven (#3 and #5) residents sampled with consideration, respect and with due recognition of personal dignity, individuality, and the need for privacy.
Findings included:
During the facility tour on / at 8:50 AM Resident #1 was observed with full bed rails attached to her bed. Further observation showed that Resident #3 (male) admitted on / and Resident # 5 (female) admitted on / shared # .
Record review on revealed Resident #1(admitted on /) did not have any written physician's order for the use of full bed rails.
During an interview on at 9:05 AM I like my . I do share a a man but it is not bother me. She stated facility told me that was the only bed. She stated I did not choose that.
During an interview on at 10:43 AM Resident #3 stated I slept in # . He stated I shared a a lady. He stated she liked to talk a lot but is not bother me. He sated I did not choose my .
During an interview on at 12:00 PM, Resident #1 stated I had this bed rail because I 'm scared to from the bed. She stated I use it to hold myself to move up/down. She stated I can't remove the bed rail.
During an interview on during exit facility Administrator acknowledged that Resident #1 didn't have the physician order for the bed rail.
Class III

0054 Medication - Records

Based on observation, record review, and interview the facility failed to have an accurate Medication Observation Records (MORs) for the seven facility residents.
Findings included:
Observations on at 8:50 AM during the tour found the medications for 8 AM had been given to residents. Further observation at 11:38 AM, facility Administrator added new pages to the book and initialed the MORs for the seven residents.
Record review on found the MORs were not marked or initialed because for the 8 AM dosage

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of medications for Residents #1, #2, #3, #4, #5,#6 and #7.
During an interview on at 11:39 AM Caregiver B stated I did not initialed the MORs for the month of 10 for the seven residents that I assist with self-administration of medications.
During an interview on at 11:42 AM facility Administrator stated "I did not have time to compile the MORs. I'm doing know."
Class III

0160 Records - Facility

Based on record review and interview the facility flailed to maintain up-to-day admission and discharge log for one out of seven (#7) sampled residents.
Finding Included:
Record review on / showed admission and discharge log did not document Resident #7's name admission dated. Further record review showed that facility did not have a current fire inspection report for review. The last fire inspection was dated / .
During an interview on / at exit conferences Facility administrator acknowledge that Resident #7 name was listed on the admission and discharge log and lined up with a blue ink.
Class III

0161 Records - Staff

Based on record review and interview the facility failed to have an up to date Level II background screening printed in her file for 1 out of 3 staff record review (Staff B).
Findings included:
Record review on / showed that Staff B (caregiver hired / /), did not have an eligible result for a level II background screening on record for review.
Background screaming website was reviewed on / and showed that staff B was eligible since .
During an interview on 10. / during exit conferences Administrator stated that staff B has the background screaming done but document is not available for review.
Class III

Z827 Unlicensed Activity

Based on observation and interview the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care and meals to seven residents (Resident #7). The facility provided services to residents outside the license capacity of six.
Findings included:
During a tour of the facility on / at 8:50 AM with the facility staff showed that there were seven

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residents in the facility and one daycare participant. Resident #7's who was identified as a daycare participant resides in # .
Review of the facility's admission and discharge log showed that Resident #7 name was included but crossed off.
During an interview on / at 1:20 PM, Resident #7 stated "I do not remember the time but I lives here. They give me breakfast lunch and dinner." She stated "I had my ." Resident #7 to showed her walked to # and stated "I have my clothes here in this closet." She stated "I live here."
During an interview on with facility administrator stated I don't know what to say I do have a lot of deficiencies. She sated I have to close down the facility after you leave. She stated I can't pay fine.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lizi Home Care Alf
2820 Sw 131 Place
Miami, FL 33175

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial Survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com