

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965247	(X3) DATE SURVEY COMPLETED 01/04/2016
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

A Limited Mental Health (LMH) Expansion Survey was conducted at on 12/17/15. Lizi Home Care Assisted Living Facility with with Limited Nursing Services component no longer wanted the LMH component on their license.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 4, 2016

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

Dear Administrator:

This letter reports findings of a Limited Mental Health expansion licensure survey that was conducted on January 4, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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

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Enclosure

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