STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965247	10/31/2016
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 Complaint Survey (CCR # 2016010868) was conducted on 10/31/2016. Lizi Home Care (Lic #9740) had the following deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on observation interview, and record review, the facility failed to provide an accurate health assessment (AHCA form 1823) for 2 out of 9 residents (Residents #6 and #8).

Findings:

On at 6:30 a.m. Resident #6 was observed in bed. Resident #8 was observed walking independently in the facility.
On / between 6:30 am and 12:30 pm, Residents #6 and #8 were interviewed. Resident #6 in stated, that since living in facility was feeling better and stronger due to is eating well. Adding she can stand up in one leg and hopes to start walking again. Resident #8 stated was assisted with bathing and dressing and also expressed that ate very well.
A review of Resident #6's health assessment dated showed that the resident had diagnoses of (Past Medical History of) and . The resident needed daily assistance and support with assistance bathing, dressing, self care, toileting. The resident was able to eat independently. The assessment showed that the resident needed 24 hour supervision and total assistance with ambulation.
A review of Resident #8's health assessment dated admitted on / health assessment (Dated) states Resident has a Diagnoses of II (2), . The resident was under precautions, and was independent for eating, self care and toileting; needed supervision for ambulation and transferring; needed total assistance with bathing and dressing The resident needed medication administration.
On / at 8:20 a.m. Staff A was observed assisting resident #8 with self administration of medications.

On / at 11:40 am, the Administrator stated that Resident #6 was under Hospice care, and that Resident #8 received assistance with bathing, dressing and self-administration of medications.

Class III

0030 Resident Care - Rights & Facility Procedures

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Based on observation, record review and interview the facility failed to treat three of six sampled residents with respect and dignity (Residents # 5, #7 and #9). The facility did not provide privacy in a room, and also used full bed rails which two residents could not remove without staff assistance.

Findings as follow:

On .2016 at 6:30 a.m., observed Resident #9 sleeping in a bed in the living full bed rails up. Besides the resident's bed, observed a table with a bottle of bath soap and an oral cleaner. Residents #5 and #7 were also observed in bed with full bedrails in upright position.

Record review showed the facility had no bed rail prescription or consent for the use of bed rails for Resident #9. The facility had half bed rail prescriptions for Residents #5 and #7. Further record review showed that residents #5, #7, #9 were under hospice care, however doctors' orders for full bed rails were not found.

On at 7:20 a.m. the Certified Nursing Assistant (CNA) from hospice stated that she assisted Resident #9 with baths in the living .

On / at 8:20 a.m. Resident's #9's daughter stated that Resident #9 had been sleeping in the living about 2 weeks.

On / the Administrator acknowledged the facility was not respecting residents' rights by having Resident #9 sleeping and being bathed without privacy in the living . The Administrator further acknowledged having Residents #5 and #7 restrained by full bed rails for which there was no prescription or consent to use.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview the facility failed to follow the correct procedure when assisting 1 out 9 residents with self-administration of medications (Resident #8).

Findings:

On / at 8:20 a.m., observed the Administrator assisting Resident #8 with self- administration of the following medications, prescribed to be taken at 7:00 am: 5 mg; 100 mg; 25 mg; 5 mg; 25 mg; Vit C 500 mg;

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On 10/31/2016 at 8:25 a.m. the Administrator acknowledged that the correct procedure was not followed when she assisted resident #8 with self administration of medications because medications were ordered for 7 am and were administered at 8:20 a.m.

Class III

0054 Medication - Records

Based on observation, record review and interview the facility failed to have an accurate Medication Observation Record (MOR) for 9 of 9 sampled residents (#1, #2, #3, #4, #5, #6, #7, #8, #9) .

Findings:

On / at 6:30 a.m. 8 residents were observed in the facility (Residents #1, #3, #4, #5, #6, #7, #8, #9). Resident #2 was hospitalized.

On / at 7:00 a.m., observed medications for residents #1, #2, #3, #4, #5, #6, #7, #8, #9.

A review of the MOR log showed that the facility had MORs for residents #1, #3, #4, #5, #6, #8 .

On / at 12:30 p.m. the Administrator acknowledged that the facility was not keeping MORs for residents #2, #7 and #9 even though staff was assisting the residents with self administration of medications.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to properly store and dispose of medications for 2 out of 10 residents (#2 and #10).

Findings as follow:

On at 8:00 a.m., observed medications for two residents in an unlocked cabinet drawer in the dining . The medications were: for Resident #2- Carvedidol 6.25 tabs 1 tab oral 2 times a day; for Resident #10 - 500 mg tab 1 daily tab for 7 days. The drawer also contained an orange bottle with a ripped label containing 4 pills. Another unlabeled orange bottle, which the Administrator stated was Cola extract, was also in the drawer. In another drawer, Resident #8's medications were

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found.

On 10/31/2016 at approximately 8:15 a.m., the Administrator stated Resident #2 was in the hospital and resident #10 is not longer living in facility. The administrator acknowledged that the medications were not appropriately stored or disposed of.
Class III

0078 Staffing Standards - Staff

Based on observation, record review, and interview, the facility failed to provide annual documentation of Freedom from ( ) for 3 of 4 (Staff A, B and C).

Findings:

On / at 6:30 a.m. Staff B was observed in facility providing care for 8 residents.

Record review showed that there was no current documentation verifying that Staff A, B or C were free of . Staff C's last documentation of freedom from was dated . There was no documentation of freedom from for staff A or B.

On / at 12:40 p.m. the Administrator stated that the facility had no documentation that Staff A, B or C was currently free from .

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to maintain a written work schedule which accurately reflected the 24 hour staffing pattern. The facility also failed to provided adequate qualified staff to provide for residents ' scheduled and unscheduled service needs.

Findings:

On at 6:30 a.m. observed Staff B working alone in the facility with 8 residents.

Record review showed that Staff B did not have the required trainings to provide care to residents, including and First Aid training. Further record review showed that 4 out of 8 residents were under Hospice care (Residents #2, #5, #6 and #7) requiring a higher level of care..

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Record review showed that there was no written work schedule showing the 24 hour staffing pattern.

On 10/31/2016 at 12:30 p.m. the Administrator acknowledged that there was no written work schedule. The Administrator said that Staff B was a cousin that came to visit the USA, and that she did not have training in resident care or (and) First Aid training.

Class III

0082 Training - /

Based on record review and interview the facility failed to provide documentation that 1 of 4 staff (Staff D) was provided education about and .

Findings:

Record review showed that there was no documentation of and training for Staff D (hired on /).

On / the Administrator stated there was no documentation of the training for Staff D available for review.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review and interview the facility failed to provide documentation that 1 of 4 staff (Staff A) had continuing education regarding assisting residents with self administration of medications.

Findings:

On / at 8:20 a.m. observed Staff A assisting resident #8 with self administration of medications.

Record review showed Staff A's last medication training was dated .

On / Staff A stated she had not receive the updated medication training continuing education.

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Class III

0160 Records - Facilitv

Based on observation, record review and interview the facility failed to have an up-to-date Admission and Discharge log and failed to have an up-to-date Fire inspection.

Findings as follow:

On I/ at 6:30 a.m. 8 residents were observed in the facility (Residents #1, #3, #4, #5, #6, #7, #8, #9). Resident #2 was hospitalized.

On at 7:00 a.m. In the facility's medication cabinet were observed medications for residents #1, #2, #3, #4, #5, #6, #7, #8, #9.

Review of the admission and Discharge log showed only resident #4, #6 and #8 on the Admission and Discharge log. Residents that , and discharged residents, were still listed on the log. Further record review documented that the the facility's last fire inspection was dated 2015.

On I/ at 12:30 p.m. the Administrator acknowledged the facility had no up-to-date admission and discharge log, and said she would call to request the Fire inspection.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to ensure that resident demographic data, medical orders, weight records and medication observation records were kept on file for 6 of 9 residents (Residents # 1,2, 5, 6, 7 and 9).

Findings :

Record review showed that there was no demographic information completed for Resident #1 (admitted on). Resident #1's file also did not contain service providers names, address prior to admission, exit policy, admission weight. Residents # 1 and 2's records did not have medication or

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nursing orders, therapeutic diets, or other services to be provided. For residents #1 and #2, the admission contract and forms, informed consent to be assisted with medications by unlicensed staff, and informed consent to receive assistance with self administration of medications were not signed. The residents had no health assessment (Form 1823).
Record review showed that there was no weight record initiated on admission for Residents #1, #2, #5, #6.

Record review showed that there were no Medication Observation Records for Residents #2, #7, #9.

Record review showed that the contract did not show the amount the facility charges for services for Resident #9, admitted on .

Record review showed that there was no documentation of Resident #1, #2 and #9's contract with the facility, or any addendums to the contract.

On / at 12:30 p.m. the Administrator acknowledged that the records for Residents #1, #2 and #9 were lacking Contracts, signatures in the admission package forms, inform consent to assist with medications and Health assessment (Form 1823) and for resident #9 admitted the Contract did not show amount charged for services.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have contracts executed with 2 out of 9 residents (Residents #1 and #2) and failed to have a contract with the daily, weekly, or monthly rate identified for 1 out of 9 residents (Resident #9) .

Findings:

Record review showed the facility had no contract executed with residents #1 (Admitted on) and #2 (Admitted on). The facility also failed to have a contract with Resident #9 and the facility which showed the monthly rate.

On / at 12:40 p.m. the Administrator acknowledged the missing and incomplete contracts.

Class III

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Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review and interview, the facility failed to ensure that 1 of 4 staff had an Eligible Level II Background Screening result.

Findings:

On / at 6:30 a.m. observed Staff B working alone in facility with 8 residents.

Record review showed that there was no documentation of an Eligible Level II Background Screening result for Staff B.

On / at 12:30 p.m. the Administrator stated that Staff B was a cousin that came to visit the USA.

Unclassified

Z828 Administrative Fines: Violations

Based on observation, record review and interview the facility was operating beyond its licensed capacity of six residents by having a census of nine residents (#1, #2, #3, #4, #5, #6, #7, #8, #9).

Findings:

On / at 6:30 a.m., 8 residents were observed living in the facility (Residents #1, #3, #4, #5, #6, #7, #8, #9). Resident #2 was hospitalized.

On .2016 at 6:30 a.m., observed Resident #9 sleeping in a bed in the living full bed rails up. Besides the resident's bed, observed a table with a bottle of bath soap and an oral cleaner.

On / at 7:00 a.m., observed medications for residents #1, #2, #3, #4, #5, #6, #7, #8, #9 in the facility's medication cabinet.

On / at 8:20 a.m. Staff A was observed assisting resident #8 with self administration of medications.

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Record review showed the facility holds an standard license with a capacity of 6 residents.

On 10/31/2016 at 12:30 p.m. the Administrator acknowledged that 9 residents were living at the facility, and that it was over its licensed capacity of 6 residents.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016010868

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on , 2016 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 , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at 305) 593-3100.

Sincerely,

Ai Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure 2016010868
XG90

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