RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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/sb
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965247	R 01/11/2017
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) revisit was conducted on / / . Lizi Home Care (Lic9740) had the following deficiency identified at the time of the visit:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review, observation and interview the facility failed to ensure that health assessments were accurate for 2 out of 9 Residents (#6 and #8).

Findings:

Record review showed that Resident #6's (admitted on /) health assessment ( ) stated that the resident had Diagnoses of PMH of , , , , , and , . The resident needed daily assistance, support, and needed to use a wheelchair. The resident was independent for eating, needed assistance with bathing, dressing, self care, and toileting. The resident needed total assistance with ambulation The assessment said that the resident needed 24 hour supervision.
On / / at 11:00 a.m. Resident #6 was observed in bed.

On / / at 1:00 p.m. Staff E was observed assisting Resident #6 with self administration of medications.
Record review showed that Resident #8's, admitted on / health assessment (Dated) stated that the Resident had Diagnoses of DM2, , hiperlipidemia, , precautions. The resident was independent eating, self care and toileting, supervision, ambulation, transferring, and needed total assistance with bathing and dressing.
On / / at 1:50 p.m. Resident #8 was observed walking, assisted by a walker.

On / / at approximately 2:00 p.m., the Administrator stated resident #6 was under Hospice care and is not under 24 hour supervision. She further stated that Resident #8 receives assistance with bathing and dressing, and that the doctor had to evaluate residents again.

Class III