STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	**02/07/2017**
NAME OF PROVIDER OR SUPPLIER **LIZI HOME CARE III, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11633 SW 133 TERRACE** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Lizi Home Care III, Inc.(Lic # 11557) had deficiencies at time of the survey:

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

Based on record review and interview, the facility failed to provide documentation of a health care surrogate, guardian, or power of attorney for one 1 of 3 sampled residents (#1) .

Findings included:

Record review revealed Resident #1's family member signed his file documents. There was no documentation of a health care surrogate, guardian or power of attorney (POA) in the resident's file.

During an interview on at 10:19 a.m. the Administrator acknowledged that there was no documentation of a health care surrogate, guardian or power of attorney (POA) in Resident #1 s file.

Class III