STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965247	**04/18/2017**
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 # 2017001465) was conducted on . Lizi Home Care (Licensed #9740) had the following deficiencies identified at the time of the visit:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review, and interview,the facility failed to have qualified staff to meet the scheduled and unscheduled needs of seven of seven residents Residents # 1-7, over the licensed capacity of six residents).

Findings included:

On at 06:16 AM, two staff members were observed in the facility with the residents. Staff E opened the front door. Staff F was observed sleeping on a folding bed in the living .

During an interview conducted with Staff E on at 06:23 AM, she stated that she is not working at the facility.

During an interview conducted with Staff F on at 06:48 AM, she stated "No tiene paper" (I don't have any documentation).

Employment record review revealed that Staff E and Staff F did not have records at the facility. A review of the facility's roster in the Background Screening Clearinghouse Database revealed that Staff E and Staff F were not on listed.

During an interview on at 8:59 A.M., the Administrator stated that she had 3 hospice residents who needed assistance with all activities of daily living, and 2 residents that need assistance with transfers in wheelchairs.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review and interview, the Assisted Living Facility's caregiver failed to follow proper procedures during assistance with self-administration of medication for 1 out of 7 sampled residents (#1). The facility pre- pour medication for residents.

Findings included:

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Observation on at 7:00 A.M., showed that the Administrator unlocked the medication cabinet, took out a disposable cup containing pills, walked to Resident #1 gave the cup to the resident.

A review of the medication record and medication card revealed that the list of medications was: 650 mg, ER 10 Mg, D 2,000 sof, 500 mg, 100 mg, Diltiazepan ER 240 mg, 20 mg, 5 mg.

During an interview on at 7:05 A.M., the Administrator stated that "the resident's medications were pre-poured before I left to my house. "

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation record review and interview the facility failed to have an accurate staffing schedule posted.

Findings included:

On at 06:16 AM, two staff members were observed in the facility with the residents. Staff E opened the facility's front door. Staff F was observed sleeping on a folding bed in the living .

A review of the staffing schedule dated from to revealed Monday Staff G from 6:00 P.M. to 6:00 A.M. On Tuesday 6:00 A.M. to 6:00 P.M. and Staff B from 6:00 A.M. to 6:00 p.m. and Staff G from 6:00 P.M. to 6:00 A.M, scheduled to worked the Administrator. Staff E and F's names were not listed in the schedule.

During an interview on at 8:37 A.M., the Administrator acknowledged that the staffing schedule was not followed.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that at least one staff member trained in and First Aid was on duty when the residents werein the facility. This was evident for Staff E and F were at the facility with seven resident without the trainings.

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Findings included:

On at 06:16 AM, two staff members were observed in the facility with the residents (census of 7). Staff E opened the front door. Staff F was observed sleeping on a folding bed in the living .

Employment record review revealed that Staff E and Staff F did not have records at the facility. A review of the facility's roster in the Background Screening Clearinghouse Database revealed that Staff E and Staff F were not on listed. There was no documentation of and First AID training for Staff E or Staff F.

During an interview on at 9:17 A.M., the Administrator stated that it was her mistake to go to her house and leave residents with person that did not have appropriate background screening and trainings in and first Aid.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview the facility failed to have an update Admission/Discharge log.

Findings included:

On at 06:16 AM, 7 residents were observed in the facility. # had 1 female resident #1, # had 1 male resident #6, # had 2 female resident #2 and #4, # had 1 male resident #5 and # had two female resident #3 and #7.

Record review on revealed Admission/Discharge log was not updated. The facility's Admission/Discharge log reflected that Resident #3 living in the facility name was not listed.

During an interview on at 6:35 A.M., the administrator stated that she had 6 residents, she acknowledged that admission and discharge was not updated because Resident #3 was not there and we found 7 residents at the facility.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview, the facility failed to maintain personnel records for 2

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of 7 staff members.

Findings:

On at 06:16 AM, two staff members were observed in the facility with the residents. Staff E opened the facility's front door and Staff F was observed sleeping on a folding bed in the living .

During an interview conducted with Staff E on at 06:23 AM, she stated that she was not working at the facility.

During an interview conducted with staff Fé on at 06:48 AM, she stated that she did not have any identification papers.

Record Review revealed that there were no personnel records for Staff E and Staff F.

Class III

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to ensure that 2 out of 7 staff had an Eligible Level II Background Screening (Staff E and F).

Findings:

On at 06:16 AM, two staff members were observed in the facility with the residents. Staff E opened the facility's front door. Staff F was observed sleeping on a folding bed in the living .

During an interview conducted with Staff E on at 06:23AM, she stated that shewas not working at the facility.

During an interview conducted with Staff F on at 06:48 AM, she stated that she does not have any identification papers.

Record Review showed that there was no documentation of an Eligible Level II Background Screening for Staff E and Staff F.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review, and interview, the facility failed to have an updated background screening completed for 1 out of 7 (D) sampled staff that had a break in service for more than 90 days. The facility failed to maintain an Attestation of Compliance with Background Screening form in the personnel record for 3 out of 7 sampled staff (D, E and F) .

Findings included:

Observation on at 06:16 AM showed two staff members were in the facility with the seven residents. Staff E opened the facility's front door. Staff F was observed sleeping on a folding bed in the living .

Record Review showed that Staff D (hired on) did have employment verification and previous employment was blank. Staff D's last background screening was dated . Record Review revealed that Staff E and Staff F did not have records at the facility.

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During an interview on at 9:17 A.M., the Administrator stated "I acknowledged deficiencies found during survey." She stated that it was her mistake to go to her house and left residents with person that were not staff members or have appropriate background screening.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview the facility exceeded its licensed capacity of 6 residents. The facility had a census of 7 residents.

Findings included:

On at 06:16 AM, 7 residents were observed in the facility. # had 1 female resident #1, # had 1 male resident #6, # had 2 female resident #2 and #4, # had 1 male resident #5 and # had two female resident #3 and #7.

During interview conducted with the Administrator on at 06:47 AM, she stated that she only has 5 residents, and the other two residents are a friend and a family member.

Unclassified