

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967496	(X3) DATE SURVEY COMPLETED R 05/22/2017
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 revisit was conducted on . Lizi Home Care III, Inc.(AL 11557) had no deficiencies identified 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: Resident's #1 record review showed a family member signed his contract. There was no documentation of a health care surrogate, guardian or power of attorney (POA) in the resident's file. On at 09:25 a.m. the Administrator acknowledged that there was no documentation of a health care surrogate, guardian or power of attorney (POA) in Resident's #1 file. Uncorrected Class III		