STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965247	R 06/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIZI HOME CARE ALF	**2820 SW 131 PLACE** **MIAMI, FL 33175**

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

0000 - Initial Comments

A Complaint revisit Survey (CCR # 2017001465) was conducted on . Lizi Home Care (Licensed #9740) had the following deficiencies identified at the time of the survey:

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 staff to meet the scheduled and unscheduled needs for 6 of 6 residents (#1, #2, #3, #4, #5 and #6) sampled residents.

Findings included:

On at 12:18 P.M., observed staff members A and H providing assistance with activities of daily living (ADL's) to 6 residents. Observed in # , Resident #1, in the living , Resident #3 and #4, both hospice residents requiring staff assistance for activities of daily living seated in a recliner chair , in # Resident #2 (bed bound), and Resident #5 and #6 having lunch.

A review of the staffing pattern posted showed that two staff A and H were scheduled to work during a week of to . Staff H was scheduled from 6:00 A.M. to 6:00 P.M. and Staff A was scheduled off on . The facility did not have staff scheduled to work on Wednesday from 6:00 P.M. to 6:00 A.M.

During an interview on at 1:15 P.M., the Administrator stated "The night shift had a medical issue and I'm going to cover her. I'm going to work tonight here, I do not have any other staff to cover her shift or hours."

A review of Resident #1's health assessment dated showed diagnoses , and precautions. The resident needed assistance with ambulation (wheelchair or walker), bathing, and dressing and supervision with self-care, toileting, transferring.

A review of Resident #2's health assessment dated showed that the resident was receiving hospice care. Documented diagnoses were ( ), (CVD) with universal/ precautions. Resident needed total care with ambulation, assistance with bathing, dressing, self-care, toileting, transferring and supervision with eating. The resident was bedridden.

Resident # 3's health assessment dated showed diagnoses 2,

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accident ( ), hematoma, decline in function and needed precautions. The resident needed assistance with ambulation, bathing, dressing, self-care, toileting, transferring and supervision with eating.

Resident #4's health assessment dated documented that resident was receiving hospice care services with diagnoses II, Chronic kidney ( ), ( ), ( ), ( ), ( ), (OA), the resident had and universal precautions. Resident #4 needed total care with ambulation, bathing, dressing, self-care, and assistance with eating, toileting and transferred.

Resident #5's Health Assessment (AHCA 1823 form) dated revealed diagnoses of 2, (HNT), prostatic hyperplasia ( ), insufficiency, spinal , mild and needed precautions.

Resident #6's health assessment (AHCA 1823 form) dated showed diagnoses of ( ), ( ). The resident needed special precautions for and supervision with all ADL's.

During an interview on at 2:47 P.M., the administrator acknowledged the need for staffing to meet resident needs.

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 12:18 P.M., observed staff members A and H providing assistance with activities of daily living (ADL's) to 6 residents.

Review staffing pattern posted showed that only two staff A and H were scheduled to work during the week of to , Staff H from 6:00 A.M. to 6:00 P.M., and Staff A was scheduled off on . The facility did not have staff scheduled to work on Wednesday from 6:00 P.M. to 6:00 A.M.

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During an interview on [redacted] at 1:15 P.M., the Administrator stated "Night shift had a medical issue, and I'm going to cover her. I'm going to work tonight here, I do not have any other staff to cover her shift or hours."

Class III

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

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

Findings included:

A review of the Admission/Discharge log showed that it was not updated. The facility's Admission/Discharge log did not reflect that Resident #3 was living in the facility . Only five resident names were listed.

During an interview on [redacted] at 12:25 P.M., the Administrator counted the resident's names a few time, and stated "I don't know why Resident #3's name is not listed there."

Class III

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

Based observation, record review, and interview, the facility failed to have an updated background screening completed for 1 out of 3 (H) sampled staff that had a break in services for more than 90 days.

Findings included:

On . . . . at 12:18 P.M., observed staff members A and H providing assistance with activities of daily living (ADL's) to 6 residents.

Record Review showed that Staff H was hired on , background screening result done on . . . . . Staff H's employment application revealed that there was a break in services for 12 months. There was not documentation of employment for Staff H within the last 90 days.

During an interview on at 1:47 P.M. Staff H stated "I've not been working in ALFs for over 3 months. I was working with a private family."

During an interview on . . . . at 2:47 P.M. the Administrator acknowledged that Staff H had a break in service of 12 months. She stated "If you gave me a chance I will send her to do a background screening now."

Unclassified