STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	R **07/18/2017**
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 Second revisit was conducted on 07/18/17. Lizi Home Care III, Inc.(AL 11557) had no deficiencies found at the time of the survey .