STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965247	R **10/27/2017**
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 2nd Revisit Survey (CCR # 2017001465) was conducted on 10/27/2017. Lizi Home Care (Licensed #9740) had the following deficiencies identified at time of the survey:

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:

Facility tour conducted on at 9:15 AM showed there were seven residents in the facility. # had one female resident #3, # had one male resident #7, # had two female resident #2 and #5, # had one male resident #6 and # had two female resident #1 and #4.

Review of the Admission/Discharge log showed that Resident #6 was discharged to the hospital.

Medication Observation Record review showed the facility assist Resident #1, #2, #3, #4, #5, #6, and #7 with self-administered medications.

Interviewed on at 1:20 PM, the Administrator confirmed that Resident #1, #2, #3, #4, #5, #6, and #7 are facility residents and confirmed that Resident #6 was not discharged to the hospital.

Uncorrected
Class III