STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965247	**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 Standard Biennial Survey was conducted on . Lizi Home Care ALF (License # 9740) had deficiencies identified at time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review, and interview, the facility failed to have an up-to-date fire inspection.

Findings included:

Facility record review showed that the facility's last fire inspection was dated .

Interview conducted on at 1:20 PM, Administrator stated that the facility has a satisfactory fire inspection but the document was not in the facility at the time of the survey.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review, and interview, the facility failed to have an accurate health assessment for one out seven (Resident #2) sampled residents.

Findings included:

Resident record review showed Resident #2's last examination completed on the physician indicated regular diet.

Hospice record review showed that the physician ordered puree diet on .

Interview conducted on at 1:30 PM, Administrator acknowledged that health assessment was not accurate for Resident #2.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review, and interview, the facility failed to maintain a resident contract with the facility executed at or prior to admission for two out of seven resident records reviewed (Resident #5 and #6).

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

The facility failed to record resident's weight at the time of admission for one out of seven sampled residents (Resident #5). The facility failed to ensure that resident records include a copy of the written informed consent for unlicensed staff assisting the resident with the self-administration of medication for one out of seven sampled residents (Resident #5). The facility failed to ensure that one out of seven sampled residents have a Power of Attorney (POA), Surrogate or Guardianship documentation in the file (Resident #1).

Findings include:

Record review showed that for Resident #5 admitted on . . . . , the facility had not executed a contract with the resident, did not have documentation of the written informed consent for unlicensed staff assisting the resident with self-administration of medications and did not contain documentation of his weight at the time of admission.
Resident #6's contract dated . . . . . missed the resident's signature.

Record review found Resident's #1 daughter signed her documents without a POA/Surrogate or Guardianship notarized properly. No Power of Attorney was found in Resident's #1 record.

Interview conducted on at 1:30 PM, Administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #5, her weight was not recorded at the time of admission and confirmed the staff assist Resident #5 with the self-administration of medications. The Administrator said that she would contact Resident's #1 daughter and request a POA as soon as possible.

Class III

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

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

Based on observation, and record review, the facility failed to ensure that one out of three sampled staff had an eligible Level II Background Screening result (Staff A) .

Findings included:

A review of the background screening clearinghouse database showed Staff A's background screening status stated, "A New Screening is Required."

In an interview conducted on at 1:30 PM, Administrator confirmed the findings.

Unclassified

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

Based on observation, record review, and interview, the facility failed to obtain a licensure capacity increase prior to providing personal care and meals to a census of seven residents. The facility provided services to residents outside the current license capacity of six.

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.

Interview conducted on at 1:20 PM, Administrator confirmed that Resident #1, #2, #3, #4, #5, #6, and #7 are facility residents. She acknowledged that the facility was over capacity.

Unclassified.