STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966431	R **11/06/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIZI HOME CARE II, INC	**4521 SW 135 AVENUE** **MIAMI, FL 33175**

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

0000 - Initial Comments

A Standard Biennial Re-visit Survey was conducted on . Lizi Home Care II with a Standard License #10634, had the following deficiency found at the time of the survey:

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

Based on record review and interview the facility failed to have a satisfactory Health inspection. The last inspection was dated .

Findings as follow:

Record review revealed the facility's last Health inspection available was dated .

On at 11:45 AM administrator stated that the inspector came to the facility around fifteen days ago but he did not approve it because in the # there was no extractor and the railing beside the sink was loose. The inspector told them the he was going to come back in a month.

Class III