STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	R **02/09/2018**
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 Complaint (#2017014351) Revisit Survey was conducted on 02/09/2018. Lizi Home Care III, Inc (license #11557) had the following deficiencies identified at the time of survey:

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

Based on observation, record review and interview, the facility failed to have a completed health assessment for two of five sampled residents (#1 and #4).

Findings included:

Observation on at 8:35 A.M. showed Resident #4 in bed. Per Staff A, the resident was receiving hospice care.

On at 9:25 A.M. observed that a hospice agency registered nurse (RN) arrive at the facility. She stated, "I administered medication to Resident #4 because he needs total care with all the activities of daily living (ADL)".

A review of Resident #4's record showed a health assessment done on that showed the resident needed assistance with all ADL and assistance with self-administration of medications.

A review of Resident #1's file revealed the health assessment was completed on . It did not have the diet order documented.

Class III