

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965247	(X3) DATE SURVEY COMPLETED R 02/08/2018
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 Revisit Survey was conducted on 02/08/2018. Lizi Home Care ALF (License #9740) did not have deficiencies identified at time of the survey: