STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	R **04/17/2018**
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) Second Revisit Survey was conducted on 04/17/18. Lizi Home Care III, Inc with a standard license #11557 had no deficiencies found at the time of the survey.