

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/07/2019  
FORM APPROVED

|                                                                    |                                                                                          |                                                     |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967496</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>11/29/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIZI HOME CARE III, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11633 SW 133 TERRACE<br/>MIAMI, FL 33176</b> |                                                     |

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 III, Inc. had the following deficiencies identified at the time of survey:

**0052 - Medication - Assistance with Self-Admin - 429.256( ) ; 58A-5.0185 (3)**

Based on observation and interview, the facility failed to follow the correct procedure outlined by the state when assisting one of five sampled residents with self-administration of medications (Resident 3).

Findings included:

On . . . . . at 2:00 PM, observed Staff C wash her . . . . ., then took the medication observation record book (MOR), medication card and cup of water to the Resident's room. Staff took the medication from the card with bare . . . . ., put the medication on the palm of her . . . . . and gave it to the resident. The staff identified the medication to the resident and then made sure that the resident took the medication, then initialed the MOR. At 2:10 PM, the Owner stated, "She was probably nervous because I know that she does it correctly."

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on record review and interview, the facility failed to maintain an accurate written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings included:

On . . . . . at 7:13 AM, observed Staff C working by herself with five residents. Staff C stated that the owner was also working that morning but that she stepped out and was coming soon. At 7:35 AM, the owner arrived.

Review of the facility's written work schedule showed that on . . . . ., Staff C and the owner were scheduled to work from 6:00 AM to 6:00 PM.

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| <p align="center">SUMMARY STATEMENT OF DEFICIENCIES<br/>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                     |
| <p>Class III</p> <p><b>0162 - Records - Resident - 58A-5.024(3) FAC</b></p> <p>Based on record review and interview, the facility failed to document a significant change for one of five sampled residents (Resident 3) who onsite in . In addition, the facility failed to include a photo of the resident who according to the health assessment, was at elopement risk.</p> <p>Findings included:</p> <p>On at 9:45 AM, Staff C stated, "The last resident who was Resident 3; the resident was walking and ; we call the rescue but the rescue checked him and he was not sent to the hospital."</p> <p>Review of Resident 3's record showed an admission date . Diagnoses of , prostatic hyperplasia, no special precautions. Elopement risk, elopement risk assessment. No photo of resident on file. No progress notes on .</p> <p>In reference to the elopement risk, Staff C stated at 9:52 am, "He never tries to leave; he is always in his room and when he goes out, it is because his son comes to pick him up. He is very good here."</p> <p>At 2:10 PM, the Owner stated, "The health assessment must be wrong because he would never leave or try to leave; I am going to check with the doctor as soon as possible."</p> <p>Class III</p> |                                                                                          |                                                     |
| <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on observation, record review and interview, the facility failed to store the required 48 hours of minimum amount of emergency fuel on the property in accordance with local zoning and the Florida Building Code. The facility failed to provide detailed written policy and procedures to serve as a supplement to its Comprehensive Emergency Management Plan (CEMP), be available for inspection by each resident or each resident's legal representative. The facility failed to implement the plan.</p> <p>Findings included:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                     |

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| <p>On _____, at 7:20 AM, observed inside a shed at the backyard, a portable generator, portable lights and 5 empty gasoline containers.</p> <p>Review of the facility's emergency plan showed policy and procedures not written with details about implementation.</p> <p>On _____, at 7:50 am, the Owner stated, "I need to check on the fuel because I think it will be very dangerous to keep it here; the consultant did those procedures, I will check with her."</p> <p>Class III</p> |                                                                                          |                                                     |