STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967496	R **03/01/2019**
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 Standard Biennial Revisit Survey was conducted on 03/01/2019. Lizi Home Care III, Inc. had no deficiencies identified at the time of survey: