STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	09/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Santa Barbara Home I	3319 Sw 24 Terrace Miami, FL 33145	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial survey was conducted on . Santa Barbara Home I Assisted Living Facility Home had deficiencies found at the time of the visit

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and staff interview the facility failed to update the community living support plan for Resident #2, limited mental health resident.

The findings include:

Resident record review for sampled Resident #5 admitted to the facility on document that the Health Assessment dated indicated the resident was diagnosed with by the physician. The last Annual Community living support plan done was on .

On /2013 at about 3:30 p.m. the facility manager stated that Resident #5 confirmed that the community living support plan for Resident #2 was not updated.

Class: III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure 2 out of 5 (Staff # B and C) received the required Limited Mental Health (LMH) training.

The findings include:

Record review for Staff # B (caregiver hired on) and Staff # C, (caregiver hired on) found no documentation of having received the limited mental health training.

On at about 1:30 p.m. the facility manager stated that Staff #B and #C did not receive the required Limited Mental Health (LMH) training.

Class: III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Santa Barbara Home I
3319 Sw 24 Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100 .

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121