

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/11/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911401	(X3) DATE SURVEY COMPLETED 12/03/2013
NAME OF PROVIDER OR SUPPLIER Santa Barbara Home I	STREET ADDRESS, CITY, STATE, ZIP CODE 3319 Sw 24 Terrace Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

L241-Lmh - Records-12/03/2013

L243-Lmh - Training-12/03/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up to an Abbreviated Biennial survey was conducted on 12/03/2013. Santa Barbara Home I Assisted Living Facility Home had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 8, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 3, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

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