STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	09/17/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint (CCR#2015009577) Survey was conducted at Santa Barbara Home I on and concluded on . There were deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on interviews and record review, the facility failed to ensure the appropriateness of continued residency for one of eleven sampled residents (Resident #1) who had a history of falling. These ultimately resulted in the resident being hospitalized for 15 days as a result of her injuries.
Findings:
Record review revealed that Resident #1 was admitted to the facility on , 2015 and lived there until , 2015 when she was hospitalized as a result of her family's request that she receive medical attention. Resident #1's health assessment (AHCA form 1823) dated revealed that Resident #1 was diagnosed with , and Left hip . The assessment further stated that Resident #1 needed assistance with daily living activities, and that the resident was alert with . The health assessment for Resident #1 revealed that the resident needed special precautions. The health assessment also documented that Resident #1 required 24 hour nursing or care.
A review of the facility's record for Resident #1 revealed a progress note dated which stated that the doctor was called because the resident "kept trying to get up without assistance," and that the medication was changed. A review of Resident #1 ' s record revealed documentation of one on / . The note stated that the resident declined medical attention. Progress note dated stated "(Resident #1) tried to get up without assistance and off the wheelchair. Was a bump on her forehead but is stable and refuse to go to the hospital. We call doctor's office. She is fine." Record review on revealed no further progress notes or an updated health assessment (AHCA form 1823) or other documentation that the resident was reassessed for the appropriateness of continued residency.
On at 10:55 am, Owner B stated regarding Resident #1: " She was a special case. Would be in bed, then throw herself off the bed. If seated in the living would throw herself on the floor. If put in a wheelchair she would throw herself on the floor. On nights she didn't sleep well, she threw herself to the floor."
On / at 10:55 am, when asked how many times did Resident #1 "throw herself on the floor," Owner B stated " She did this almost daily. We kept her because we felt sorry for her. She was a charity case. The family placed her here on an emergency basis because this was what they could afford for her."
On at 11:45 am, Staff B stated regarding Resident #1: "She had a problem with her leg every time she tried to walk anywhere. Even if staff were with her she down. Sometimes in a week she 3 or 4 times. Sometimes she only twice per week. "

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On / at 9:20 am, Staff C stated that Resident #1's niece told her that the resident "used to do everything on her own. When she got to the facility, she wanted to do the same thing. She used to walk around with her wheelchair. Then she would . After falling she would sit in her wheel chair."
On / at 9:20 am, Staff C further stated that on days that she was working, Resident #1 used to two or 3 times a day at least, every day. Staff C stated that as far as she knew, the resident wasn't evaluated by a doctor. Staff C stated "She was short, so she only on her knees or her butt or her side. "
On at 9:20 am, staff C stated that "Resident #1 was the only one who like that. Everyone else could do it on their own or they asked for help."
The owner stated on at 11:28 am that the resident was sent to the hospital on after her family's call, requesting that she go to see a doctor because she didn't feel well.
A review of the Hospital Record from Resident #1's admission on as the result of a revealed: Diagnoses at time of admission were: multi , , and ataxic gait. Skin assessment revealed that resident had superficial injuries and . Class II

0025 Resident Care - Supervision

Based on interviews and record review, the facility failed to provide adequate supervision for one of eleven sampled residents (Resident #1). The resident experienced multiple while living in the facility, these resulted in a 15 day hospitalization to treat injuries sustained. The facility failed also failed to notify resident's family or the health care provider or seek medical attention after the resident sustained injuries from the .
Findings:
A review of Resident #1's record revealed documentation of one on / . The note stated that the resident declined medical attention. No other were documented in the resident record. Record review on revealed that there was no documentation that Resident #1 received medical attention after any of her in the facility in over eleven weeks. Record review on revealed that there was no documentation that Resident #1's family was informed of the resident's multiple in the facility. Progress note dated / stated "(Resident #1) tried to get up without assistance and off the wheelchair. Was a bump on her forehead but is stable and refuse to go to the hospital. We call doctor's office. She is fine."
On at 11:42 am, Staff A stated that the first thing staff does if someone is call the owner or administrator. He stated that they don't touch the patient. They let the Administrator or Owner know that the resident is on the floor, then the Administrator or Owner decides if they need to call 911. Staff A further stated that Resident #1 was not sent to the hospital to be assessed for injuries because he was not instructed to send her.
On at 9:20 am, Staff C reported that on days that she was working, Resident #1 used to 2 or

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

3 times a day at least, every day. Staff C stated that as far as she knew, the resident wasn't evaluated by a doctor. Staff C stated " She was short, so she only on her knees or her butt or her side. " Staff C further stated that Resident #1 was the only one who like that. Everyone else could do it on their own or they asked for help.
On at 10:55, Owner B stated they got a thin mattress to put on the floor so Resident #1 wouldn't hurt herself.
On at 9:28 am, Staff B reported Resident #1 would 1, 2, or 3 times a day. Staff B stated that she thinks the doctor was aware, but didn't treat injuries because the resident only on her knees or her side. States that the doctor just saw her for regular checkups. States she was never there to see the doctor visits because they happened on her days off. Staff B further stated that some days the resident just wanted to walk around and do stuff, and then she would .
Owner B stated on at 11:28 am that Resident #1 was sent to the hospital on at her family's request because she didn't feel well.
On at 12:03 pm, Administrator/Owner A stated that Resident #1 was sent to the hospital on because an investigator from another state agency came and they wanted to be sure nothing was wrong with her.
A review of the investigator's report from another staff agency reported Resident #1 was inadequately supervised and sustained injuries.
Resident #1's family member stated during an interview on at 11:01 am, "A cousin went to visit her (Resident #1). She was on the face, arms & legs. I called the facility and the facility owner (Owner B) said she (Resident #1) , but that they hadn't sent her to the doctor. " The family member further stated that the facility told her that the psychiatrist was coming but she told them that her aunt needed medical and not care. They said that ' these things take time. ' The family member also told the ALF that Resident #1 complained of a pain under her and was told by facility Owner B that " she ' s not complaining anymore so she ' s fine. " The family member stated that it took the facility over a week to send Resident #1 to the hospital, and they only did this after another state agency's investigator came.
A review of the Hospital Record revealed, Resident was admitted on and discharged on . Diagnoses at time of admission were: multi , , and ataxic gait.
Skin assessment revealed that resident had superficial injuries and . Triage assessment at time of arrival to the hospital via ambulance on revealed that resident had present in lateral aspect of right calf, right ankle, lateral aspect of right foot, right calf, right Achilles, right hell, medial aspect of right calf, medial aspect of right foot, right , anterior aspect of right ankle, dorsum of right foot and left leg.
Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Santa Barbara Home I
3319 Sw 24 Terrace
Miami, FL 33145
RE: CCR #2015009577

Dear Administrator:

This letter reports the findings of a state licensure survey that was concluded on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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Miami Field Office
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Miami, FL 33166
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documented in the resident's file. **This task shall be implemented by** .

B) The facility must implement a written, detailed plan of how to provide interventions for any resident's repeated or other potentially injurious behaviors. The plan must include the interventions to address the behaviors. It must also document how concerns and the plan to address them are brought to the attention of all staff. It must also state how interventions are documented and followed up on in a timely manner. This plan must include a timeframe for documenting the concern after it is observed or reported and a timeframe for when the follow up action will occur. The plan must identify the parties responsible for conducting the follow up. The plan must be made available to all existing and newly hired staff, and the Administrator must ensure that staff review and understand the plan. Documentation must be maintained on file at the facility for Agency review. **This task shall be implemented by** .

C) The facility must complete in-service training for all staff, including owners and others involved in operating the facility, regarding resident supervision as it pertains to Florida Administrative Code 58A-5.0182(1). The training must include elements which instruct staff on how to recognize when a resident's needs for supervision by and assistance from staff has changed; how to provide the needed supervision in order to ensure resident safety; how to provide effective and competent communication with medical providers and family members; and how to ensure that residents who have a significant change of condition obtain medical and/or care immediately. The training must have an agenda and sign-in sheet. The training documentation must be kept on file at the facility and available for review by the Agency. **This task shall be completed by** .

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a complaint (CCR #2015009577) inspection survey conducted on conducted on and concluded on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC).

The inspection resulted in findings of non-compliance in the following areas:

St-A0010- Class II- Continued Residency

St-A0025- Class II- Resident Supervision

Directed Corrective Actions:

A) The facility must conduct assessments immediately on all current residents, and on all future residents upon admission. These assessments must address the level of assistance with activities of daily living and level of supervision needed to meet the residents' needs and whether the residents are appropriate for residency in the facility. A new assessment must be conducted on all residents within 24 hours of any change of behavior where a resident demonstrates repeated or other behaviors which might result in injury. The assessments must be completed by a staff who is fully trained in the facility's assessment and care procedures and who is qualified to make an accurate evaluation of whether the resident's conditions may be managed on the premises and within the scope of the facility's license. When it is necessary to make alternative placement arrangements for a resident who cannot safely live in the facility, these arrangements must take place in a way that does not violate resident rights and/or dignity. **This task shall be implemented by** .

The written assessment, and documentation of follow up actions taken as a result of the assessment to ensure the residents' safety, signed by the person conducting it, must be kept on file at the facility, and be available for review by the Agency. If any resident demonstrates repeated or other potentially injurious behaviors, the facility must contact the resident's health care providers and family members, and must collaborate regarding the course of care. These contacts and the course of care must be

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