STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	**08/11/2017**

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A standard biennial survey was conducted on , 2017 and concluded on , 2017. Santa Barbara Home I with limited mental health component, license number 5058, had the following deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the Assisted Living Facility failed to have an annual satisfactory fire inspection.

Findings included:

Record review revealed the facility's fast satisfactory fire inspection was on .

In an interview on at 7:31 AM the Administrator stated, "Fire has not came."

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview, the Assisted Living Facility failed to post the menu in the language that one out of 15 sampled residents could read (#1).

Findings included:

In an interview on at 7:03 AM Resident #3 revealed that the resident read only English.

Review of the only menu posted in the facility's bulletin revealed that menu planned for week - was written in Spanish.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the Assisted Living facility failed to immediately update the Medication Observation Records (MORs) each time the medication is offered or administered for ten (#1, #2, #3, #4, #5, #6, #7, #8, #10 and #11) out of 15 sampled residents. The facility failed to ensure that the MORs included the name of the resident's health care provider and the health care provider's telephone number for ten (#1, #2, #3, #4, #5, #6, #7, #8, #10 and #11) out of 15 sampled residents. The

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facility failed also to ensure that MORs showed residents' for six (#1, #3, #6, #8, #10 and #11) out of 15 sampled residents.

Findings included:

Review of MORs revealed that staff did not immediately update the MORs each time the medication was offered or administered on at 8 PM and on at 6 AM for Residents #1, #2, #3, #4, #5, #6, #7, #8, #10 and #11.

In an interview on at 6:40 AM Staff E revealed the residents took their medications that morning. Staff E stated, "I am waiting until they finish. Then I sit with time to sign."

In an interview on at 7:30 AM the Administrator stated, "You have no idea how many times we reviewed that."

Review of MORs revealed that the facility did not include the name of the resident's health care provider, the health care provider's telephone number for Residents #1, #2, #3, #4, #5, #6, #7, #8, #10 and #11. The MORs did not show if the resident had for Residents #1, #3, #6, #8, #10 and #11.

In an interview on at 8:45 AM the Administrator stated, "I am going to do it right now because I know that information."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Assisted Living facility failed to keep medications secured at all the times.

Findings included:

Observation on at 6:47 AM revealed that medication closet was unlocked.

In an interview on at 6:48 AM Staff E stated, "I just entered and went with you; I just left it unlocked."

Class III

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0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to obtain an order clarified from the healthcare provider for an as needed medication order for one (#3) out of 15 sampled residents.

Findings included:

Observation on at 1:56 PM revealed Staff E assisted Resident #3 with self-administration of medication.

Review of Resident #3's Medication Observation Records (MORs) revealed that there was an order transcribed as 80 mg by mouth three times a day. Staff initialed the medicine as given to Resident #3 during the month of , at 6 AM, 2 PM, and 8 PM. The medication label showed 80 mg tablet chew one tablet by mouth every 8 hours as needed as for bloating.

In an interview on at 2:01 PM Resident #3 revealed the resident's stomach was ok; resident felt well.

In an interview on at 2:02 PM the Staff E stated, "No, Resident #3 did not ask for the medicine."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out ten sampled staff (Staff C).

Findings included:

Record review of Staff C's personnel files revealed that Staff C did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

During exit interview on at 2:50 PM, Staff A went through the files and acknowledged that Staff C did not have the documentation.

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Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of ten sampled staff had documentation of activities of daily living (ADLs) and Behavioral Needs training on file (Staff F).

Findings included:

Record review revealed Staff F, hired on , did not have a documentation of ADLs and Behavioral Needs training on file.

During exit interview on at 2:50 PM, Staff A went through the files and acknowledged that Staff F did not have documentation of ADLs training on file.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview, the Assisted Living Facility did not ensure that one out of ten sampled staff had a documentation of Food Service training on file (Staff B).

Findings included:

Record review of Staff'B's personnel files revealed Staff B, who is currently the facility's manager, did not have any documentation of Food Service training on file.

During exit interview on at 2:50 PM, Staff A went through the files and acknowledged that Staff B did not have documentation of Food Service training on file.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure 1 out of 10 direct care received at least one hour of training in the facility's policies and procedures regarding ( ) training on file (Staff H).

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Findings included:

Record review of Staff H's personnel files revealed that Staff H did not have documentation of one hour training on file.

During exit interview on at 2:50 PM, Staff A went through the files and acknowledged that Staff H did not have documentation of training.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the Assisted Living facility failed to maintain personnel record for one (Staff J) out of ten sampled staff on the premises.

Findings included:

Record review revealed the facility did not have a personnel records for Staff J available for review.

In an interview on at 8:16 AM the Administrator stated, "I am sorry, Staff J does not have one yet."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have mental health residents clearly identified in the admission and discharge log for one (#5) out of 15 sampled residents.

Findings included:

Review of admission and discharge log revealed that none of the residents were identified as Limited Mental Health (LMH) residents.

Record review revealed Resident #5 received option state supplementation ( ) and , due to a mental diagnosis.

In an interview on at 7:48 AM the Administrator stated, "No, they are not identified as LMH residents in the admission and discharge log" while referred to Resident #5.

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Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the Assisted Living Facility failed to provide documentation of a signed Attestation of Compliance with Background Screening Requirements for one out of ten sampled staff (Staff D, Staff E, and Staff H).

Findings included:

Record review of the staff' personnel files revealed that Staff D, E, and H, did not have any documentation of signed Attestation of Compliance with Background Screening Requirements on file.

During exit interview on at 2:50 PM, Staff A went through the files and acknowledged that Staff D, E, and H did not have any documentation of signed Attestation of Compliance with Background Screening Requirements in their files.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the Assisted Living Facility failed to ensure that one (Staff J) out of ten sampled Staff had an eligible Level II Background Screening result prior to providing care to residents.

Findings included:

Observation on at 6:30 AM revealed Staff E and J were taking care of 11 residents.

In an interview on at 6:38 AM Staff J identified as Staff C and revealed that the staff member worked from 7 AM to 7 PM but started earlier at 6 AM for breakfast.

Review of facility background screening database revealed that employee roster showed: Staff C's last screening was on and hire date was on .

Surveyor requested on at 8:15 AM for Staff J to repeat the last name for Staff C. Surveyor also requested a photo ID. Staff J revealed that the staff member did not have one to verify identity.

Review of background screening database revealed that Staff C in the picture of background screening result did not match the staff member on duty (Staff J).

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In an interview on [redacted] at 8:16 AM the Administrator stated, "I am sorry, Staff J does not have one yet."

In an interview on [redacted] at 8:20 AM the Staff J revealed that the staff member actual legal first and last name.

Unclassified