STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	08/11/2017
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 #2017007329) survey was conducted from , 2017 and concluded on 11, 2017. Santa Barbara Home I with limited mental health component, license number 5058, had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Assisted Living Facility failed to have an updated health assessment that reflected the changes in condition for one (#13) out of 15 sampled residents that was admitted to hospice services.

Findings included:

Record review revealed the last health assessment on file at the facility for Resident #13 was dated . It revealed the resident needed some assistance with activities of daily living.

In an interview on at 4:43 PM the Administrator revealed that the resident just needed assistance with the ADLs (Activities of Daily Living).

Hospice record review for Resident #13 revealed the resident was admitted on . Resident #13 was bed bound at that time and had a care order (dated) for .

Facility record review revealed Resident #13 did not have an updated health assessment which reflected the resident was bed bound or had a .

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the Assisted Living Facility failed to contact or document that the residents' family members were contacted when the residents' exhibits a significant change in health condition for two (# 13 and 14) out of 15 sampled residents.

Findings included:

Interview with Resident #13's family member on at 9:51 AM revealed, "She never informed him that his mother had any or ."

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SUMMARY STATEMENT OF DEFICIENCIES
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Home health records revealed Resident #13 had two , on the sacral area, each, from to . Hospice record revealed Resident #13 had a , on . The facility records showed on Resident #13 started care but the facility did not document that the resident's family members were notified.

Review of Resident #14's record revealed that the Resident went to the hospital on but it did not showed when the Resident returned or that Administrator or staff member notified the family member . Resident #14 went to the hospital on but the record did not showed the Administrator or staff member notified a family member. Resident #14 went to the hospital on but the record did not showed when the Resident returned or that Administrator or staff member notified a family member. On Resident #14 went to the hospital because the resident was and returned on from hospital but the record did not showed that Administrator or staff member notified a family member .

In an interview on at 1:45 PM the Administrator revealed that residents' family members were informed every time that a resident had a change or something happened. The Administrator did not always document it but Administrator informed them.

Class III