STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R 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 Monitoring Revisit Survey was conducted on , 31, 2017 and concluded on 11, 2017. Santa Barbara Home I with a Limited Mental Health component, License #5058, had the following deficiencies identified at the time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review, interview, and observation, the Assisted Living Facility failed to offer and provide social, recreational or educational, and other activities to the residents.

Findings include:

In an interview on at 6:55 AM Resident #1 stated, "We never do any activities. I just sat in the patio."

In an interview on at 7:03 AM Resident #3 stated, "We don't do activities."

In an interview on at 7:11 AM Resident #5 revealed that there was no activities in the facility, they just watched TV.

In an interview on at 7:18 AM Resident #6 stated, "There is no activities, just TV."

In an interview on at 9:05 AM Resident #4 revealed that facility did not offer or provide any activities.

Review of facility's bulletin board revealed that activities calendar showed on from 2 PM to 4 PM music time.

Observation on at 2:03 PM revealed that there was no activities running in the facility. Further observation at 2:40 PM revealed that there was no activities running in the facility.

Class III
Uncorrected

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the Assisted Living Facility failed to appoint a Manager for each facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R 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)

Findings included:

Review of the health finder database revealed the Administrator supervised three Assisted Living Facilities (ALFs).

Review of facility's record revealed that Administrator did not appoint in writing a separate manager for each facility.

In an interview on . . . . . at 7:32 AM the Administrator stated, "Staff B is the Manager for number I and number II because Staff B does not work in the same facility every day."

Class III
Uncorrected

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

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

Review of facility's record revealed that staffing pattern posted in the bulletin board showed on , Staff H worked from 7:00 PM to 7:00 AM on . . . . . . Staff E worked on . . . . . from 7 AM to 7 PM. Staff J was not in the staffing pattern. Staff C worked on from 7 AM to 7 PM. Staff F worked on . . . . . from 7 AM to 7 PM.

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

In an interview on at 6:40 AM the Staff E revealed staff worked from 7 AM to 7 PM.

Class III
Uncorrected

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