STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R **10/12/2017**
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 standard biennial revisit survey was conducted on , 2017. Santa Barbara Home I with limited mental health component, license number 5058, had the following uncorrected deficiency identified at the time of the survey:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R **10/12/2017**
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)

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 E) out of 11 sampled staff was rescreened every five years.

Findings included:

Observation on . . . at 7:12 AM revealed Staff E and K were taking care of 10 residents.

Review of staffing schedule revealed that Staff E and K were on duty on . . . from 6 AM to 6 PM.

Review of facility background screening database revealed that employee roster showed: Staff E's last screening was on .

Review of background screening database revealed that Staff E showed a sign of "A New Screening is required."

Unclassified