

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911401	(X3) DATE SURVEY COMPLETED 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 complaint (CCR #2017007329) revisit survey was conducted October 12th, 2017. Santa Barbara Home I with limited mental health component, license number 5058, did not have deficiencies identified at the time of the survey.