STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	**11/07/2018**
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# 2018015981) Survey was conducted on , . Santa Barbara Home I (license #5058) had the following deficiencies identified at time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have a satisfactory fire inspection report available for review.

Finding included:

Review of the fire inspection revealed it was last approved on and expired on . On The facility did not have proof of the current fire inspection available for review.

On at 10:30 AM the Administrator acknowledged the facility did not have a current fire inspection.

Class III

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

Based on record review and interview, the facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings included:

Review of the the employee staffing pattern found a staff schedule for the month of . The facility did not have a staffing pattern posted and available for review for the month of .

On at 3:00 PM the Administrator acknowledged the schedule was not current.

Class III

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

Based on record review and interviews, the facility failed to have the required in-service training within 30 days of employment for one out of eight (D) sampled staff.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Review of Staff D (hired) file revealed it did not have documentation proving he completed the 3 hours training in resident behavior and needs and providing assistance with the activities of daily living (ADLs).

On at 3:30 PM the Administrator acknowledge Staff D did not have the training for ADLs.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to have the 2 hours required of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for five out of eight (B, C, D, E, and G) sampled staff.

Finding included:

Review found Staff B, C, and G last 2 hrs medication training was dated and the Staff D and E last 2 hrs medication training's were dated . Staff B, C, D, E, and G did not have the required 2 hrs update.

On at 3:20 PM the Administrator acknowledged Staff B, C, D, E & G did not have the 2 hours training in medication.

Class III

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

Based on record review, and interview, the facility failed to have the 2 hours continuing education in topics pertinent to nutrition and food service for seven out of eight (B, C, D, E, F, G, & H) sampled staff..

Findings included:

Review found Staff B, C, D, E, F, G, & H's documentation of the minimum of 2 hours continuing education in topics pertinent to nutrition and food service was a copy which was filled out and did not the seal from a licensed dietician.

On /18 at 3:30 PM the Administrator acknowledged they did not have the update training.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

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

Based on record review and interview, the facility failed to ensure that one out of eight (H) sampled staff had training in . . . . . ( ).

Findings included:

Record review of employee files for Staff H revealed she did not have documentation proving she had received the training.

On at 4:00 PM the Administrator acknowledged Staff H did not have the training.

Class III

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

Based on record review and interview, the facility failed to have a file for two out of eight (A & G) sampled staff. The facility failed to have and background attestation in file for three out eight (A, B, F, & H) and failed to have the background screening paperwork for one out of eight (B) sampled staff members.

Findings included:

Record review of all of the employee files found the facility did not have a file for the Administrator and Staff G.

On at 10:30 AM a consultant was called to have someone bring the files to facility and it arrived at 11:55 AM.

Review of the employee files found Staff A, B, F & H had no proof of attestation of compliance in their files. Staff B hired on had no background screening paperwork in her file.

On at 3:30 PM the Administrator stated, "I just became the Administrator yesterday and I am working on everything."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on observation and interview, the facility failed to have fuel stored onsite to power generator.

Findings included:

Observation on . . . at 10:30 AM showed that the facility did not have fuel stored onsite.

On . . . at 10:30 AM the Administrator acknowledged the facility had no fuel to power the generator.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to have the the initial training in Limited Mental Health (LMH) and the 3 hours continuing education training for one out of eight (D) sampled staff.

Findings included:

Record review showed the facility has a standard license with Limited Mental Health component.

Review found Staff D (hired 06/0912) did not have the initial mental health training. Staff D's file had a LMH training dated . . . . for 3 hours.

On . . . at 3:00 PM the Administrator acknowledged Staff D did not have the required training.

Class III