STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R 01/09/2019
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 Follow-up visit to a complaint (CCR# 2018015981) survey was conducted at Santa Barbara Home I on . . . . . Santa Barbara Home I had deficiencies at the time of the visit.

0004 - Licensure - Requirements - 58A-5.016 FAC

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

Finding included:

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

On at 7:58 AM the Compliance Manager stated in reference to fire inspection they had contacted them and they are waiting for them to come to the facility. The manager also stated they recently had some changes and they had not done these thing yet.

Uncorrected Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4); 624.605(1)

Based on record review and interview, the facility failed to have an effective liability insurance.

Findings included:

Record review found the liability insurance was dated . . . . . to . . . . . had expired. Record review revealed the liability insurance policy was not available for review.

On at 7:58 AM the Compliance Manager stated that they recently had some changes and they had not done these thing yet.

Class III