STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R **03/01/2019**
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 Complaint (CCR# 2018015981) Second Revisit Survey was conducted on 1, 2019. Santa Barbara Home I, with limited mental health component license, had the following deficiencies identified at time of the survey:

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to provide available snacks to all residents during the night after dinner. The facility kept the refrigerator locked at night after dinner and residents did not have access to any foods.

Findings included:

On , at 12:30 PM, observed the kitchen's refrigerator with an open lock. Snacks were not displayed for residents since the refrigerator was locked.

Staff B on , at 12:30 PM stated, "We keep it locked at night because when we used to keep it open, all the food would disappear."

Staff J , at 1:00 PM stated, "The employee goes to sleep at 10:00 PM until 6:00 AM. The employees start at 6:00 and 7:00 AM, so we do it for security; they have found that everything is gone the next day."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R **03/01/2019**
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)

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview, the facility exceeded licensed capacity of 12 by maintaining a census of 13 residents.

Findings included:

On , at 12:15 PM, Staff B stated there were 13 residents at the facility.

On , at 12:20 PM, observed Resident 13 on bed at private room number 7. At 12:35 PM during an interview, Resident 13 stated, "I have been here since . . . 12, 2018. Staff C gives me the medications or Staff I. They serve me food, wash my clothes; Staff B does my nails and Staff C makes my bed; Staff I or C clean my room. The facility takes me to the doctor. Soon they are going to put a lock in one of my drawers to keep the medication here. My insurance pays the rent. I signed a contract but they destroyed it and gave me another one to sign as independent."

Staff J went inside the resident's room and asked her at 1:10 PM, "They have not installed the lock on the drawer yet?"

Review of the facility's admission and discharge log showed Resident 13 with an admission date . . . . . , transferred from a hospital; the line was crossed and initialed by Staff J. The facility provided an independent living agreement signed and dated for a monthly charge of $1,800.

Unclassified