STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911401	R **10/09/2018**
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 follow up to a complaint (CCR #20180110327) survey was conducted at Santa Barbara Home I on 10/09/18. Santa Barbara Home I with Limited Mental Health component, license #5058 had no deficiencies found at the time of the survey.