STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	04/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hebert Inc	1101 Nw 26 Avenue Road Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z824 - 408.811 Fs, 59a-35.120 Fac - Right Of Inspection; Inspection Reports S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was attempted on , 2014. Hebert Inc. had deficiencies at time of survey.

Z824-Right of Inspection; inspection reports 408.811 FS, 59A-35.120 FAC

Based on observations and phone interview the assisted living facility was not available for inspection by the agency.

Findings include:

On , , 2014 at 9:10 a.m. arrived at ALF the home has a white ornamental steel fence around the front and sides of the property with a locked gated entrance; there were two cars in the driveway, a Ford pickup truck and a Mercedes SUV. Walked around the front of the ALF, there was no access to the front door, knocked on the fence on the side, and front gate, no answer, a sign on the gate reads "AHCA please call (786) 277-5353". Called the phone number at, 9:12, 13, 15, 16, 19, 21, 22, 24, 32 and 31 a.m. voice mail message stated, "The mailbox belonging to 786-277-5353 is full and cannot accept new messages at this time." I moved my car into the side driveway and honked the horn four times, no answer.

On , , 2014 at 9:10 a.m. contacted ALF supervisor, unable to gain access to ALF.

On , 2014 at 1:42 p.m. received a call from the AHCA office to contact the ALF administrator, at 2:14 p.m. called the administrator and she stated, I don ' t have residents in the facility, I have been taking care of my mother, I might have been on the phone when you called, and it is possible because my mailbox is full. I have to keep the front gate locked because I have personal items in the home, now I am moving and I hope to start receiving residents. I will call the area office to reschedule the survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hebert Inc
1101 Nw 26 Avenue Road
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121