STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	R
NAME OF PROVIDER OR SUPPLIER **HEBERT INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1101 NW 26 AVENUE ROAD** **MIAMI, FL 33125**	

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

0000 Initial Comments

A limited nursing services monitoring revisit survey was conducted on , 2015. Hebert Inc. with Limited Mental Health and Limited Nursing Services components had the following deficiencies found at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on interview, record review, and observation, the Assisted Living Facility failed to have consent forms for the use of half-bed rails for three (#3, #4 and #6) out of six sampled residents as well as to have doctors' orders for the use of half-bed rails for two (#3 and #6) out of six sampled residents.

Findings included:

In an interview with Caregiver_A on at 10:57 AM revealed that Residents #3, #4 and #6 used half-bed rails up while in bed.

Record review found the facility was not able to provide documentation for Residents #3, #4, and #6.

Observation on at 10:58 AM revealed that the Administrator office was locked and the staff did not have access.

Uncorrected Class III

0079 Staffing Standards - Levels

Based on observation and interview, the Assisted Living Facility failed to ensure that at least one staff member had access to residents records.

Findings included:

In an interview with Administrator on at 10:50 AM revealed that the Administrator had and would not be able to come to the facility and caregivers did not have access to her office where were residents' record.

Observation on at 10:58 AM revealed that Administrator office was locked and caregivers did not have access to resident records.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than .

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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