STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	03/10/2016
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 Standard Biennial Survey was conducted on , 10, 2016. Hebert Inc. with Limited Nursing Services and Limited Mental Health had deficiencies identified at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview facility failed to honor resident rights regarding the use of half side rails for 1 out of 6 sampled residents (Resident # 6).

Findings included:

During tour of the facility on at 9:05 am observed one bed in # where Resident # 6 sleeps with half side rail.

Caregiver C stated at 9:05 am on / that Resident # 6 uses half side rail.

Record review of Resident # 6 revealed that there was a consent signed by the resident to use half side rail, but there was no prescription for it

The facility administrator stated during exit interview at 2:30 pm that Resident # 6 is new and that she will get a prescription from the doctor for the resident to use half side rail.

Class III

0078 Staffing Standards - Staff

Based on record review and interview facility failed to provide evidence of a negative statement on an annual basis for one out of 4 sampled employees (Staff B).

Findings included:

Record review of Staff B revealed that the last statement was dated / .

The facility administrator stated during exit interview on at 2:35 pm that she will let the facility manager know that his statement is already expired.

Class III

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0080 Training - Core & Competency Test

Based on record review and interview facility failed to ensure that the facility manager participates in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Record review of the facility manager revealed that he passed the Core exam on and that there were no certificates to demonstrate that since then he has had 12 hours of continuing education in topics related to assisted living every 2 years.

The facility administrator stated during exit interview on / at 2:35 pm that she will get a copy of the certificates of 12 hours of continuing education in topics related to assisted living every 2 years from the manager to keep them at the facility.

Class III

0082 Training - /

Based on record review and interview the facility failed to provide a copy of the one-time education course on and within 30 days of employment or one out of 4 sampled employees (Staff B).

Findings included:

Record review of Staff B (Manager) revealed that there he was hired on / and that there was no copy of the Training certificate available for review.

The facility administrator stated during the exit interview approximately at 2:35 pm that she will make sure that the facility manager brings everything that he is missing from his employee record.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview facility failed to ensure that staff who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 2 out of 4

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sampled employees (Staff A and B).

Findings included:

Record review of the facility administrator (Staff A) and manager (Staff B) revealed that the facility administrator had a 4 hours of assistance with self-administered medications training done on and that the facility manager had a 4 hours of assistance with self-administered medications training done on .

The facility administrator stated during the exit interview approximately at 2:35 pm that she will make sure that the facility manager brings everything that he is missing from his employee record and that she will make an appointment to take a new medication training as soon as possible.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview facility failed to provide evidence that a person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Record review of the facility manager revealed that he took the Nutritional and Safe Food Handling Training on and there was no prove that he took a 2 hours of continuing education on Food Service Designee training on an annual basis.

The facility administrator stated during the exit interview approximately at 2:35 pm that she will make sure that the facility manager brings everything that he is missing from his employee record.

Class III

0160 Records - Facility

Based on record review and interview facility failed to document resident elopement response drills.

Findings included:

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Record review revealed that the last elopement drill was conducted on / / .

The facility administrator stated on the phone at 9:45 am on / that she did the drills but failed to write the form and that she will make sure that she completes the form.

Class III

L243 LMH - Training

Based on record review and interview facility failed to ensure that staff, who have direct contact with mental health residents in a licensed limited mental health facility receive a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of being hired for on out of 4 sampled employees (Staff D).

Findings included:

Record review revealed that Staff D was hired for work on / and that there was no a copy of the certificate to prove that she took a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months f hiring.

The facility administrator stated during exit conference on at 2:35 pm that she will make an appointment to make sure that Staff D and also Staff C that next month will be her 6 month hiring date take the 6 hours training of specialized training in working with individuals with mental health diagnoses.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register with the clearinghouse (Background screening website) and maintain the employment status for 4 out of 4 facility employees (Staff A, B, C and D) within the clearinghouse.

Findings as follow:

Review of the Staffing schedule documented the facility has 4 Staff members (A, B, C and D)

Review of the Background screening website for providers, documented, the facility had no a facility

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employee registered at the mentioned site.

On / at 2:35 pm during exit conference facility administrator stated that she will update her employee roster in the Background screening website.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

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 , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sb
Enclosure
XG90

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