STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	**10/25/2017**
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

An unannounced complaint survey (CCR# 2017009810) was conducted at Hebert, Inc Assisted Living Facility (license #12177) from .. .. to .. .. . The facility had deficiencies at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed health assessment for all residents within 30 days of admission for 2 of 7 sampled residents (Residents # 3 and 5).

Findings included:

A record review of Residents' #3 and 5's files showed that they did not contain completed health assessments.

A review of the admission and discharge log documented Resident #5 was admitted to the facility on .. .. and Resident #3 was admitted to the facility on .. .. .

In an interview with Resident #5 on .. .. at 8:15 PM, the resident stated that they had been living at the facility for about a month.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to have necessary information on the Medication Observation Records (MORs) for 7 of 7 sampled residents (Residents # 1-7).

Findings included:

A record review of the Medication Observation Records for Residents # 1-5 and 7 did not document the actual dosage times that each medication was taken, as dosage boxes were labeled only with "AM" and "PM".

A record review of the Medication Observation Record for Resident # 6 showed that the form did not document the name and phone number of the health care provider nor any known ⌣ the resident may have had.

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In an interview with the Administrator on . . . at 12:35, she stated that the pharmacy didn't provide the facility with Resident #6's Medication Observation Record and that is why the facility was using their own form.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to have a signed contract for all residents at the time of admission for 1 of 7 samples residents (Resident #5).

Findings included:

A review of Resident's #5 file showed that it did not contain a signed contract.

A review of the admission and discharge log documented Resident #5 was admitted to the facility on .

In an interview with Resident #5 on at 8:15 PM, the resident stated that they had been living at the facility for about a month.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	**10/25/2017**

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on observation, record review and interview, the facility failed to operate within its licensed capacity of 6, by having 7 residents.

Findings included:

In an observation on at 8:15 PM, centrally stored medication was observed for 7 residents (Residents # 1-7).

In an observation on from 8:10 PM to 8:15 PM, 7 residents (Residents # 1-7) were in bed, asleep in their night clothes, with the lights in the turned off.

In an interview with Caregiver A on at 8:00 PM, she stated that there were 7 people inside of the facility, with 6 residents (Residents #2-7) and 1 day care client (Resident #1).

In an interview with Caregiver B at 8:05 PM, she stated that there were 7 residents at the facility.

In an observation of medications on at 8:15 PM, Resident #1's bedtime , 30 MG tab and , 5 mg tab were punched out of the medication card space for the 23rd of the month. Temzaepam is a medication used for .

A record review of a facility's resident list, posted on the centrally stored medication cabinet, documented the names of all 7 residents (Residents #1-7).

Unclassified.