STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	**02/27/2018**
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 . . . . Hebert Inc with Limited Mental Health service component (License # 12177) had deficiencies identified at the time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review, and interview, the facility failed to have the annual sanitation inspection report issued by the county health department.

Findings Include:

Review of facility's records showed that there was not current satisfactory sanitation inspection to review during the survey. The last sanitation inspection was dated .

Interview conducted on at 1:30 PM, Staff B stated that the facility had a new sanitation inspection but she was unable to provide the documentation at the time of the survey.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to have a new face to face medical examination completed by a health care provider after a significant change for two out of six sampled residents (Resident # 4 and #6). The facility also failed to obtain a written physician's order for the use of full-bed rails and half-bed rails for three out of six sampled residents (Resident #3, #4 and #6).

Findings included:

1)
On at 9:00 AM, observed Resident # 4 and #6 lying in bed.

Record review showed Resident #4's health assessment dated had a diagnosis of Paget's . . . . . of skull, ... , ... , ... , and . . . . . . The record document the resident needed assistance with medication.

A review of Resident #6's health assessment dated showed a diagnosis of ,

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, advance , recurrent , dyslipidemia, /mastication problems. The record document the resident needed assistance with medication.

On at 10:00 AM, Staff B stated that Resident's #4 and 6 can not assist with medications and their family member's administer their medications two times daily.

2)

Observation on at 09:00 AM showed that Resident #4 and #6 had full bed rails attached to their beds. Resident #3 had half bed rail attached to his bed.

Record review for Resident #4, and #6 showed that there was no written physician's order for the use of full bed rails. Resident #3's record did not have any written physician's order for the use of half bed rails.

On at 1:30 PM, Staff B acknowledged the findings.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that one out of three sampled staff received the initial limited mental health (LMH) training within 6 months of employment (Staff B).

Findings included:

A review of Staff B employee's file showed the facility did not have documentation that the staff received the Limited Mental Health (LMH) initial training. Staff B was hired on .

On at 1:55 PM, Staff B confirmed the findings.

Class III