STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	R **05/01/2018**
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 Revisit Survey was conducted on 05/01/2018. Hebert Inc with Limited Mental Health service component (License # 12177) had a deficiency identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to respect resident's rights of two out of six (Resident #2 and #5) facility residents.

Findings include:

During the facility tour on at 10:48 AM, Administrator stated residents #2 (female) and #5 (male) were sharing the same .

Interview conducted on at 11:15 AM, Administrator stated, "Resident #2 and #5 were not related but their families consent that they share a ."

On at 11:23 AM, observed Resident #2 sitting in a common area. She was unable to respond to questions about whether she had consented to share her Resident #5.

Class III