

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968154	(X3) DATE SURVEY COMPLETED R 05/15/2019
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 third revisit to a biennial survey was conducted at Herbert Inc on Deficiencies were identified at the time of the survey.

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review and interview the facility failed to ensure that a new hired employee did not have direct contact with persons until it obtained documentation of an eligible level II background screening.

Findings included:

On at 9:15 AM observed Staff D wearing scrubs, seated in # with 2 residents under hospice care. There was no other employee in the room with Staff D. The owner stated that Staff D was there to observe the job to start training.

On at 10:24 AM observed Staff D seated in the living room beside Resident # 8.

Review of the background screening clearinghouse database revealed Staff D had a level II background completed on and that she was on the roster of another assisted living facility since .

On at 10:15 AM Staff D stated, "I started to come yesterday. I was here from 11 AM to 2 PM because my mother had a doctors' appointment in the morning. Today I came early to see what the job is about. I have not worked directly with the residents yet. The owner is teaching me."

Unclassified