STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968154	**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 generator monitoring survey was conducted at Herbert Inc on . . . . . Deficiencies were identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to be in compliance with the emergency power plan.

Findings included:

On . . . . at 9:20 AM observed multiple empty containers of gasoline in a shed in the backyard.

On . . . . at 9:20 AM the Owner stated, "I am afraid that it could blow up! I have all the gasoline at my other facility 3 blocks away."

On during tour of the facility observed that there was no monoxide detector.

On at 9:25 AM the Owner stated, "I do not have it."

Review of the resident records revealed that there was no written notification of the implementation of the emergency power plan for Resident # 5 and # 8).

On . . . . at 10:05 AM the Owner, "I cannot find them."

Class III