RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Somerset
2450 Dora Avenue
Tavares, FL 32778

Dear Administrator:

Re: CCR #2012009914

This letter reports the findings of a state licensure survey that was conducted on . 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Anna Lopez at 386-462-6201.

Sincerely,

Kristé J. Mennella
Field Office Manager

KJM/al
Enclosure State Form 3020

XG90

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Tallahassee, FL 32308
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Alachua, FL 32615-5669
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910627	A. BUILDING _____ B. WING _____	C

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET	2450 DORA AVENUE TAVARES, FL 32778

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On [redacted] an unannounced complaint survey CCR#2012009914 was conducted at Somerset Assisted Living Facility. Deficiencies were identified as a result of this survey. The facility was not in compliance with Chapter 408, Part II, 429, Part I, Florida Statute and 58A-5, Florida Administrative Code.	A 000		
A 025 SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication	A 025		

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A 025	Continued From page 1	A 025		

administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility did not provide care, services or supervision appropriate to the needs of one of seven residents, resident #1.

Findings:

On [redacted]: During a record review of resident #1 records it was discovered that resident #1 was a [redacted] risk and he had a history of falling in the facility.

On [redacted] at approximately 11:00 AM an interview was conducted with Certified Nursing Assistant (CNA) #D. According to CNA #D he was changing resident #1 after lunch on [redacted] and when he lifted resident #1 shirt up he saw a [redacted] which was approximately 3 inches wide and approximately 12 inches long going horizontally from his chest to his back, about chest level. CNA #D said resident #1 does not talk and could not tell him how he got the [redacted] CNA #D said he told lead CNA #C about the [redacted] which was discovered on resident #1, and it was her responsibility to notify the nurse concerning the residents condition.

On [redacted] at approximately 11:05 AM an interview was conducted with lead CNA #C. CNA #C was asked what was the facilities policy and procedure when a resident is found with an unexplained injury, which she said they are to immediately report it to the nurse on duty. She was asked if CNA #D had told her about the [redacted] on resident #1 on [redacted] which she said

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A 025	Continued From page 2 yes. She was asked when was the nurse told about the [redacted] on resident #1 right side, which she said a CNA notified the nurse two days later on duty [redacted] during the 11 PM -7 am shift. CNA #C was asked why wasn't the nurse notified the same day CNA #D found the [redacted] which she said, she told CNA #D to inform the nurse on duty that day, but he must have failed to do so. According to CNA #D he thought CNA #C was going to notify the nurse about the [redacted] on resident #1. CNA #C said she told CNA #D to inform the nurse about the [redacted] on resident #1. Neither CNA informed the nurse about the [redacted] found on resident #1 at the time of discovery. As a result the facility failed to provide care, services or supervision appropriate for the resident #1 at the time the injury was discovered. Class II	A 025		
A 076 SS=D	58A-5.0186 FAC (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to [redacted]. The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a [redacted]. The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " [redacted] 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance	A 076		

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A 076	Continued From page 3	A 076		

directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and
2. Written information concerning the ALF ' s policies regarding and
3. Information about how to obtain DH Form 1896, Florida Form, incorporated by reference in Rule 64J-2.018, F.A.C.
(b) There must be documentation in the resident ' s record indicating whether or not he or she has executed a . If a has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed , the ALF must document in the resident ' s record that it has requested a copy.
(2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a .
(3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows:
(a) In the event a resident experiences , staff trained in , or a licensed health care provider present in the facility, may withhold .
(b) In the event a resident is receiving hospice services and experiences facility staff must immediately contact the hospice. The hospice procedures shall take

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A 076	Continued From page 4	A 076		

precedence over those of the assisted living facility.
(4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a and rules adopted by the department.

This Statute or Rule is not met as evidenced by:
Based on record reviews of 5 residents it was found that the facility did not have documentation for 2 of the 5 residents (#1 and #7) stating whether or not they have executed a Then for residents #4, #5, and #6 the facility did not have documentation showing that it had requested a copy of their RO's for those residents which said they had one.

Findings:

On during a record review of facility Resident Information Face Sheets 3 of 5 residents #4, 5 and #6 face sheets stated residents had O's. Further review of the records failed to show documentation that the 3 residents had their in the file. There was no documentation in the resident's record showing that the facility had requested a copy of the record as required. For resident #1 and #7 the facility Resident Information Face Sheet did not contain documentation indicating

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A 076	Continued From page 5 whether or not they had executed a During an interview with the facility administrator on [redacted] at approximately 11:50 AM she was asked about the required documentation for residents #1, #4, #5, #6 and #7. She stated that the facility did not have the required documentation. Class III	A 076		