AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Somerset
2450 Dora Avenue
Tavares, FL 32778

Dear Administrator:

Re: CCR #2014001302

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) 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 , 2014 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for
Krista J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	**03/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Somerset	**2450 Dora Avenue Tavares, FL 32778**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments An unannounced complaint survey (CCR #2014001302) was conducted at Somerset Assisted Living Facility in Tavares, Florida on . Licensure deficiencies were identified as a result of the survey.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interview the facility failed to ensure 1 of 3 employees reviewed received the required level II background screening after having a break in employment greater than 90 days (Staff A).

Findings:

1. On . A review of personnel files revealed Staff A was hired by the facility as on ; as a Resident Aide (who provides direct care to residents). Further review revealed Staff A had a break in employment greater than 90 days prior to being hired at this facility. Continued review revealed Staff A did not have a background screening since his date of hire with the facility.

2. On at 4:10 PM an interview was conducted with the Administrator. The Administrator confirmed Staff A did not have the required level II background screenings when he was hired on . The Administrator stated Staff A had over four month break in employment prior to working at this facility.

Class III