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 #2014004224

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,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

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

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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	**05/01/2014**
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

On unannounced **complaint survey** CCR #2014004224 was conducted at Somerset Assisted Living Facility in Tavares Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interviews and record reviews the facility failed to have the required background screening for 1 of 3 staff members reviewed (staff D).

Findings:

On at approximately 10:45 AM an interview was conducted with staff D. He stated he has been working in the facility for 10 years and he is the Administrator's assistant and maintenance man. He stated he operates the wheelchair lift on the facility's bus. He stated on he assisted a female resident who needed assistance getting on the facility bus.

On a record review was conducted on staff member D concerning his background screening. The Administrator said she could not find staff member D's background screening from the Agency for Health Care Administration. She said staff D had a level I back ground screening.

On a record check was conducted with the background screening unit and it was discovered staff D has not been eligible since

Unclassified