RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Somerset
2450 Dora Avenue
Tavares, FL 32778

Dear Administrator:

This letter reports the findings of a complaint inspection (CCR# 2014008960) conducted on 2014, by representatives of the Agency for Health Care Administration (Agency). Enclosed is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S=C

Directed Corrective Actions:

1. The Assisted Living Facility is required to retrain all staff on your , neglect and policy within ten (10) days. Documentation of the completed training must remain on the premises of the facility for review by the Agency.

2. The Assisted Living Facility is required to retrain all staff on the facility's policy and procedure for reporting incidents within ten (10) days. Documentation of the completed training must remain on the premises of the facility for review by the Agency.

3. The Assisted Living Facility is required to conduct an audit on the records of all currently employed staff members' employee records. All staff must have a level II background screening as required by Section 435 of the Florida Statue.

4. The Assisted Living Facility is required to develop a written policy and procedure to address measure to take when an employee presents an exemption letter in lieu of a level II background

screening within ten (10) days. The procedure must include verification from party granting the exemption that the letter is valid. The procedure must also outline which measure to be followed when an exemption letter is identified as invalid/falsified.

5. The Assisted Living Facility is required to train all staff responsible for hiring and human resource functions to be trained on the facility's new policy for exemption letters. Documentation of the completed training must remain on the premises of the facility for review by the Agency.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call ..... Jasmine Hayes, Health Facility Evaluator Supervisor at (386) 462-6201.

Sincerely,

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

Received by

Date

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Somerset
2450 Dora Avenue
Tavares, FL 32778

Dear Administrator:

This letter is to advise you that the enclosed Statement of Deficiencies, State Form 5000, has been revised to report the findings of a state licensure survey that was conducted on
14, 2014 by representative(s) of this office.

The Directed Plan of Correction letter previously sent to you on , 2014 still stands and should be adhered to.

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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure
XG90

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	12/09/2014
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey CCR #2014008960 was conducted at Somerset Assisted Living Facility in Tavares, Florida on . 2014. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review the facility failed to honor the resident ' s right to live in an environment that is free from financial for 1 of 4 sampled resident, Resident #1.

Findings:

During an interview conducted on at 10:48 AM with the Administrator she stated Staff C, somehow got a hold of Resident #1's credit card. She stated Staff C began to use Resident #1's debit and credit card to make purchases of gas, at restaurants, and stores. She said that the resident even bought her a wedding dress. Resident #1 also cosigned on a truck for Staff C. The Administrator stated that the resident contacted the police because Staff C did not make any payments on the truck he co-signed for.

An interview conducted on at 12:44 PM the Administrator revealed when this surveyor asked how the Administrator determined Staff C's eligibility to work at the facility the Administrator stated when I hired Staff C she provided me with a letter of exemption.

On at 1: 28 p.m. an interview was conducted with an investigation manager for the department of health, division of Medical Quality Assurance (MQA). The investigator review the exemption letter from Staff C and conducted an electronic search on her records. The investigator confirmed the exemption letter was forged.

A record review of the Statement Form from the Tavares Police Department revealed the original date of the report was . The report showed Resident #1 wrote that Staff C had his debit and credit card, and in a two week period of time withdrew $1850.00 in cash and made several purchases, example: Gas, stores, and restaurants, without my knowledge or authorization. I have also just learned that somehow she also got my account number to my Sun Coast debit card and has made numerous purchases on that card too. To my knowledge, she never had that card in her possession. She has also obtained or tried to obtain several credit cards in my name without my knowledge or authorization.

A record review of the Statement Form from Tavares Police Department revealed the original date of the report

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was Resident #1 wrote on , 2014, I purchased a truck for Staff C with the condition that she would make the monthly payments. Staff C did not make the payments.

A record review of the "Standard Policies" revealed "No employee will be allowed to accept gifts/money or personal items from residents, family members, POA/Guardian unless approved by administrators."

Employee Record review for Staff D, was hired on Staff D's Level II Background Screen was completed on .

A record review was conducted on direct care Staff C records showed she was hired on Her Level II background screen was dated and revealed she was Not Eligible.

Class II

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview the facility failed to ensure staff records were available for review for 1 of 4 sampled employees, Staff C, NA (Nurse Assistant, a position that provides direct care for residents).

Findings:

An employee record review was attemted for Staff C. The employee record was not available.

at 12:44 p.m. When this surveyor requested to review the employee record for Staff C, NA the Administrator stated she was not able to locate the file. "Maybe if I go and dig for hours I might be able to fnd it."

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interview and record review the facility failed to ensure an adverse incident report was submitted to Agency for Healthcare Administration (AHCA) for an event reported to law enforcement for investigation for 1 of 4 sampled resident (Resident #1).

Findings:

An interview conducted on at 10:48 AM with the Administrator revealed Resident #1 befriended Staff C (A Nurse's Assistant, a position that provides direct care for residents) while she was working here. Resident #1 gave Staff C, his debit card to purchase a license plate tag, and insurance for his truck. She somehow got hold of his credit card. She began to use his debit care, and credit card to make purchases of gas, at restaurants, and stores. Resident #1 also purchased a wedding dress for Staff C. Next thing you know Resident #1's name is on the loan to purchase a truck for Staff C. Resident #1 started to have his doubts that Staff C was going to make the truck payments. Staff C, wasn't coming to take him out anymore. He called the police. I sat in with him when he spoke to the officer at the police station. Once he came and told me more of what was going on; at that time I felt that some of what had happened was . The administrator stated she did not report this incident to

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the Agency, because she reported this to the Department of Children and Families's hotline. She further stated she thought the hotline would determine if she need to report this incident the Agency.

A review of police reported dated confirmed the police were called to the facility to investigate Resident #1's concerns of financial

Record review of the Policy and Procedure entitled "Adverse Incident Report" dated 2013 revealed Adverse Incident means: An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: events reported to law enforcement or its personnel for investigation. In the event an adverse incident occurs, the Administrator shall provide within 1 business day after the occurrence of an adverse incident, by electric mail, facsimile, or United States mail, a preliminary report to AHCA on all adverse incidents.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interview and record reviews the facility failed to ensure a Level II background screen was completed in a prior to employment of 2 of 4 sampled employees (Staff C and D) were hired into a potion where they had direct contact with residents and failed to ensure an employee was eligible to work in the facility for 1 of 4 sampled employee were eligible for hire prior to holding a position where she had direct contact with residents(Staff C).

Findings:

An interview conducted on at 10:48 AM with the Administrator revealed Staff C (Nurse Assistant, a position that provides direct care to residents) was hired on

An interview conducted on at 1:18 PM with the Administrator revealed Staff D had a Level II background screen done for her to get her CNA (Certified Nursing Assistant) Certification. She did not start working until after 90 days of having the Level II background screen completed. I think that is why I pulled another Level II background screen on her. The Administrator stated she would have to locate the prior Level II Background Screen. The prior Level II background screen is not in the employee's record. At 12:44 PM on the same day,the Administrator stated she determined Staff C's eligibility to work at the facility because Staff C provided her with a letter of exemption (dated At 1:33 PM Administrator revealed I she could find a Level II background screen result for Staff D which would show Staff D was screened prior to being hired at the facility.

On at 1: 28 p.m. an interview was conducted with an investigation manager for the department of health, division of Medical Quality Assurance (MQA). The investigator review the exemption letter from Staff C and conducted an electronic search on her records. The investigator confirmed the exemption letter was forged.

A record review of the Level II Background Screen for Staff C dated (almost two months after hire) revealed Staff C was Not Eligible for hire.

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An employee record review for Staff D, (Nurse's Assistant) revealed Staff D was hired on . Staff D's Level II background screen was completed on . (almost four months after she was hired) and showed Staff D was Eligible.

Unclassified