STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	01/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Somerset House	1540 Oak Harbor Boulevard Vero Beach, FL 32967	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on 2015 at Somerset House. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and an interview, the facility failed to ensure the health assessment (AHCA Form 1823) was completed, for 1 out of 2 sampled residents (Resident #2) within 30 days of admission.

The findings include:

On Resident #2's record was reviewed and contained an initial health assessment dated The resident was admitted to the facility on . The health assessment did not contain documentation that the resident did not require 24 hour nursing or treatment, and did not indicate if the resident required assistance with medication. These findings were acknowledged by the Administrator during interview at 3:00 PM on .

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff A) had verification of freedom from communicable from a healthcare provider documented within 30 days of hire, based on an exam conducted within 6 months of hire.

The findings include:

The personnel file for Staff A was reviewed on and did not contain documentation of freedom from communicable by a health care provider. Staff A's date of hire was . The administrator was interviewed at 3:30 PM and acknowledged this finding.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	01/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Somerset House	1540 Oak Harbor Boulevard Vero Beach, FL 32967	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and an interview, the facility failed to ensure in-service training to be completed within 30 days of hire, for 3 out of 3 sampled staff (Staff A, B and C) was documented on certificates with the title of the training program, subject matter, agenda, date, number of hours, trainee's name and training provider's signature and credentials.

The findings include:

Review of the personnel files for Staff A, B and C on [redacted] revealed they had no certificates of in-service training for the following subjects, required to be completed within 30 days of hire:

a) The facility's Elopement Policy and Procedure.
b) The facility's [redacted] Policy and Procedure (1 hour total).
c) The facility's Emergency Procedures (including chain of command and staff roles in evacuation), and Incident Reporting (one hour total).

During interview with the Administrator on [redacted] at 3:00 PM, she acknowledged the certificates with required components had not been completed for the above training and that the employees had been hired more than 30 days prior to this date. The Administrator revealed no further documentation was available for review.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Somerset House
1540 Oak Harbor Boulevard
Vero Beach, FL 32967

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 bya representative of this office.

Attached 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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com