RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Somerset
2450 Dora Avenue
Tavares, FL 32778

RE: CCR #2015001569 & 2015004231

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after **2015** 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 this office at (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	05/15/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and interview the facility failed to ensure 2 (Employee A and Employee B) of 3 employee files reviewed for compliance contained evidence these employees had completed Training Level II inservice training as required during investigation of CCR#2015004231.

Findings:

Record review of employee files for Employee A and Employee B failed to reveal documentation Employee A and Employee B had completed Training Level II inservice training within 9 months of employment as required.

During interview on at 3:38 PM, the facility Administrator stated that Employee B's date of hire was

During interview on at 3:53 PM, the facility Administrator stated that Employee A's date of hire was

During interview on at 3:46 PM, the facility Administrator stated that Employee B had not yet completed Training Level II inservice training .

During interview on at 3:59 PM, the facility Administrator stated that Employee A had not yet completed Training Level II inservice training .

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interviews and record reviews the facility failed to maintain documentation of the required annual 2 hour training update training of assisting resident with the self-administration of medication for 2 of 2 staff members (staff A and C) who assist residents with self-administration of medications.

Findings:

On at approximately 11:45 AM an interview was conducted with the Administrator in reference to who assists residents with self-administration of medication. The Administrator stated there are only two unlicensed people who assist residents with their medication if a nurse is not available, herself and staff C and we both have the required medication training.

On a record review was conducted on both the Administrator and staff C for the required assistance with self-administration of medication training. It was observed that both staff A and B had the required four hour

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training, however neither staff had current annual documentation showing they had received the two hour update. The Administrator had documentation showing her last two hour update was . Staff C had documentation showing her last two hour update was done .

On , at approximately 6:05 PM the Administrator stated she cannot find any current documentation for the annual two update with self-administration of medication, for either her or staff C, but she knows they took the update within the last year.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to present documentation that a contract had been offered for execution before or at the time of admission for 1 (#3) of 3 residents sampled for contract documentation review during investigation of CCR#2015001569.

Findings:

Record review of Resident #3's facility record failed to reveal documentation that verified Resident #3 or his legal representative had been offered a contract for execution before or at the time of his admission to the facility.

During interview on , at 12:28 PM, the facility Administrator confirmed a contract was not available in Resident #'s facility record.

During interview on , at 5:09 PM, the facility Administrator stated that she had not been able to locate a contract signed by or on behalf of Resident #3.

Class III

0000 - Initial Comments

On , an unannounced complaint survey CCR #2015001560 & 2015004231 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.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation and interviews the facility failed to ensure that of 1 of 9 residents met criteria for continued residency (resident #9).

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Findings:

On at approximately 2:20 PM an interview was conducted with staff E. Staff E was asked how resident #9 get in and out of her bed or wheelchair. Staff E stated resident #9 is a total lift and requires 2 people to transfer her. She was asked how resident #9 assist in the transfer. Staff E stated resident #9 does noting to assist in the transfer.

On at approximately 2:36 PM an interview was conducted with resident #9 who was observed lying in bed. She stated it takes to people to lift her out of bed and place her in her wheelchair or recliner. She stated she cannot walk and uses a wheelchair to go to the dining .

On at approximately 3:13 PM an interview was conducted with staff F in reference to resident #9 assistance with transferring. Staff F stated resident #9 is a two person lift and that is how the resident is transferred.

On at approximately 3:31 PM an interview was conducted with the facility nurse in reference to resident #9. She stated resident #9 does not use a walker and she is a two person assist. She stated resident #9 is not on home health and does receive hospice services at this time.

On at approximately 5:11 PM resident #9 was observed sitting in her wheelchair in the dining . The resident was observed transferred from the wheelchair to a dining by two staff members (staff C and staff F). When the the staff members transferred resident #9 she was picked out of her wheelchair by both staff members one on each side of the resident. Resident #9 remained in the sitting position as they transferred her to the dining . Resident #9's feet did not touch the ground nor did she assist in any manner during the transfer.

Class III

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on interviews and record reviews the facility failed offer and provided adequate assistance with toileting for 1 of 9 sampled residents (resident #8).

Findings:

On at approximately 1:57 PM an interview was conducted with resident #8. He stated there are times he calls for assistance to go to the staff will tell him to go in his briefs and they will clean him up afterwards. Resident #1 who is resident #8 said that was a true statement.

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On at approximately 2:10 PM an interview was conducted with staff D in reference to resident #8. During the interview she stated resident #8 sometimes transfers on his own sometimes it takes two people. She added sometimes the staff cannot get a second staff member to assist so they let him go in his diaper and clean him up afterwards.

On at approximately 2:20 PM an interview was conducted with staff E. She said she was familiar with resident #8 and the services he needs. She said she puts his briefs on him, and assists with transferring him to the toilet when there is available help. If there's not we just brief him and let him go potty in his briefs and then we clean him up.

On a record review was conducted on resident #8 1823 health assessment. The physical or sensory limitations on page 1 states resident needs with transfers and toileting.

Class III

0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC

Based on observations, interviews and record reviews the facility maintained pill organizers for residents 6 of 9 sampled residents who require assistance with the self-administration of medication (#2,3,4,5,6,7).

Findings:

On at approximately 10:55 AM an observation was made of the medication cart. It was observed that residents #2,3,4,5,6, and #7 all had pill organizers which contained medication secured in the cart.

On at approximately 10:55 AM an interview was conducted with the facility nurse about the residents #2,3,4,5,6,and #7 pill organizers. She stated that the nurse sets up the pill organizers once a week for the residents because its easier to administer the medications from the organizers. She stated that none of the residents which have a pill organizer set up self-administer their medication.

On at approximately 11:45 AM during an interview with the Administrator she stated there are only two unlicensed people that assist residents with self-administration of medication. That would be herself and staff C, everybody else is a nurse who assist residents.

On a record review was conducted on residents #2,3,4,5,6,and #7 1823 health assessments. It was observed that all six residents require assistance with self-administration of medication. Only residents that self-administer medication can use a pill organizers.

Class III

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0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observations and interviews and record reviews the facility failed to immediately update medication observation record (MOR) to reflect the refusal of medications as required for 1 of 9 residents (resident #1).

Findings:

On at approximately 10:55 AM it was observed inside the medication cart a small plastic cup which contained an 81 mg tab, Calcarb 600 w/vit D tab, 10 mg tab, 100 mg tab, Zolof 100 mg tab.

On at approximately 10:55 AM the facility nurse was asked whose medication were in the plastic cup. She stated they belong to resident #1. She said resident #1 did not want to get out of bed and take her medication this morning.

On a record review was conducted of resident #1 medication observation record and it was observed that the above AM medication dosages had been initialed as given at 8:00 AM even though resident #1 had not taken the medication.

On at approximately 1:57 PM resident #1 was asked if she refused her medication this morning which she said yes because she did not want to get out of bed.

On at approximately 3:31; PM the facility nurse admitted that she incorrectly signed the MOR for resident #1 this morning.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interviews the facility failed to dispose of expired or abandoned medication as required for 2 of 10 residents (residents #10 and #11).

Findings:

On at approximately 10:55 AM during an inspection of the facility medication was observed that there were two bottles of prescription medication in a tall white wall cabinet stored amongst several over the counter medications. One prescription was for resident #10 Zyertec which expired on The second bottle was and expired within 30 days of This medication belonged to resident #11, a former resident.

On at approximately 6:05 PM an interview was conducted with the Administrator regarding the

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medications belonging to resident #10 and 11 which were expired. She stated resident #11 is no longer in the facility, and that she did not know why the medication was in the cabinet with the over the counter medications. She said the medications should have been disposed of as required.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interviews the facility failed not to keep a stockpile of over the counter medications for 60 of 60 residents.

Findings:

On at approximately 10:55 AM it was observed a large quantity of over the counter (OTC) medications were stored in a tall white wall cabinet in the medication . The following bottles of OTCs were observed: 1 5mg, 2 B-10, 3 , 3 relief, 2 stool softners, 1 CVS pain relief, 6 boxes sound body of relief, 1 bottle of 2 bottles of fish oil, 10 bottles of different (Photographic evidence obtained). The medications were not labeled with a resident's name.

On an interview was conducted with the facility LPN. She stated that the OTCs were so they did not have too run to the store if residents needed something.

On at approximately 6:05 PM when the Administrator was asked who were the stockpile of OTCs for, she stated for staff.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 2 (Employee A and Employee B) of 3 employee files reviewed for compliance contained evidence these employees had submitted an initial statement completed by a health care provider within 6 months of hire or within 30 days of hire that they were free of communicable or had completed an annual screening as required.
Findings:

Record review of employee files for Employee A and Employee B failed to reveal documentation Employee A and Employee B had an initial statement completed by a health care provider within 30 days of hire that they were free of communicable or had completed an annual screening as required.

During interview on at 3:38 PM, the facility Administrator stated that Employee B's date of hire was

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The facility Administrator confirmed that she was unable to locate an initial statement completed by a health care provider within 6 months of hire or within 30 days of hire that Employee A was free of communicable

During interview on at 3:38 PM, the facility Administrator stated she was also unable to locate documentation that verified Employee B had completed an annual screening as required.

During interview on at 3:53 PM, the facility Administrator stated that Employee A's date of hire was The facility Administrator confirmed that she was unable to locate an initial statement completed by a health care provider within 6 months of hire or within 30 days of hire that Employee A was free of communicable

During interview on at 3:55 PM, the facility Administrator stated she was also unable to locate documentation that verified Employee A had completed an annual screening as required.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 2 (Employee A and Employee B) of 3 employee files reviewed for compliance contained evidence these employees completed inservice training as required.
Findings:

Record review of employee files for Employee A and Employee B failed to reveal documentation Employee A and Employee B had completed Control Training, ADL and Behavioral Needs Training, Elopement Response Training, Emergency Preparedness & Evacuation Training, Resident Rights Training and Nutritional & Safe Food Handling Training within 30 days of employment as required.

During interview on at 3:38 PM, the facility Administrator stated that Employee B's date of hire was

During interview on at 3:53 PM, the facility Administrator stated that Employee A's date of hire was

During interview on at 3:55 PM, the facility Administrator confirmed there was no documentation available that verified Employee A and Employee B had completed Control Training, ADL and Behavioral Needs Training, Elopement Response Training, Emergency Preparedness & Evacuation Training, Resident Rights Training and Nutritional & Safe Food Handling Training within 30 days of employment as required.

Class III

0082 - Training - - 58A-5.0191(3) FAC

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Based on record review and interview the facility failed to ensure 2 (Employee A and Employee B) of 3 employee files reviewed for compliance contained evidence these employees had completed in-service training as required.
Findings:

Record review of employee files for Employee A and Employee B failed to reveal documentation Employee A and Employee B had completed in-service training within 30 days of employment as required.

During interview on at 3:38 PM, the facility Administrator stated that Employee B's date of hire was

During interview on at 3:53 PM, the facility Administrator stated that Employee A's date of hire was

During interview on at 3:55 PM, the facility Administrator confirmed there was no documentation available that verified Employee A and Employee B had completed /AID inservice training within 30 days of employment as required.

Class III