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 Revisit Survey conducted on
27, 2015 by a representative of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

YOSF

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/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	R
NAME OF PROVIDER OR SUPPLIER **SOMERSET**	STREET ADDRESS, CITY, STATE, ZIP CODE **2450 DORA AVENUE** **TAVARES, FL 32778**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On unannounced follow-up survey to CCR #2015001569 & 4231 was conducted at Somerset Assisted Living Facility in Taveras Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record reviews and interviews the facility failed to obtain missing information from 1 of 2 resident 1823 health assessments for resident #8.

Findings:

On a record review was conducted on resident #8 1823 health assessment dated /. It was observed that the required comments for activities of daily living were missing on page 2. The comments for daily tasks were missing on page 3. Page 5 which is suppose to be filled out by the facility regarding the needs identified on page 2 & 3 was left blank.

On at approximately 12:55 PM an interview was conducted with the administrator regarding the missing information from resident #8 1823 health assessment dated /. The Administrator stated the health assessment was completed and sent to the facility after resident #8 was discharged from the hospital back to the facility in . She did not have an explanation as to why the facility did not obtain the missing information. She did say that the health assessment should not have been completed because the resident did not have a change in condition.

Class III