STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	09/15/2015
NAME OF PROVIDER OR SUPPLIER **SOMERSET HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1540 OAK HARBOR BOULEVARD** **VERO BEACH, FL 32967**	

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

0000 Initial Comments

An unannounced CHOW (Change of Ownership) survey was conducted on 09/15/2015 at Somerset House. The facility had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, it was determined the facility failed to ensure that each resident's health assessment was completed, specifically related to the level of assistance required with medications, for 1 of 2 sampled residents (Resident #1).
The findings include:
During interview with Staff A (Licensed Practical Nurse), conducted on beginning at approximately 11:20 AM, she was asked where Resident #1's health assessment (AHCA form 1823) indicated the level of assistance required with medications. Staff A acknowledged that this section was not completed. During subsequent interview with the ED (Executive Director), conducted on beginning at approximately 11:25 AM, she was asked where Resident #1's health assessment (AHCA form 1823) indicated the level of assistance required with medications. She stated it must be in the addendum and that she would check. She proceeded to check and returned approximately 10 minutes later and acknowledged that Resident #1's health care provider had not completed that section of Resident #1's health assessment.
Class III

0082 Training -

Based on record review and interview, it was determined the facility failed to ensure that each staff member's personnel file contained documentation of completion of training for 1 of 5 sampled staff members (Staff A).

The findings include:

During interview and personnel record review conducted with the ED (Executive Director), on beginning at approximately 9:45 AM, she was provided the opportunity to locate training for Staff A and was unable to do so. She stated that this staff member may have completed this course online and that she would review this and if it was completed online she would print it for her file. She was unable to provide documentation of this training for Staff A. She stated she would have her retake training online and print the certificate for her file.

Class

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	AL11964604	**09/15/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0091 Training - Documentation & Monitoring

Based on record review and interview, it was determined the facility failed to ensure that each staff member's personnel file contained documentation (training certificates) for review by the Agency for Health Care Administration upon request, for 1 of 5 sampled staff members (Staff A).

The findings include:

During interview and personnel record review conducted with the ED (Executive Director), on beginning at approximately 9:45 AM, she was provided the opportunity to locate the following trainings for Staff A and was unable to do so: Control; Resident Rights; and Recognizing/Reporting , Neglect, and . She stated that this staff member may have completed some of them online and that she would review this and if they were completed online she would print for her file. She was unable to provide documentation of these trainings for Staff A. She stated she would have her retake them online and print the certificates for her file.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Change of Ownership (CHOW)

Dear Administrator:

This letter reports the findings of a Change of Ownership licensure survey that was conducted on , 2015 by a 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

XG90

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