RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Somerset
2450 Dora Avenue
Tavares, FL 32778

RE: CCR #2016006620

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 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 , 2016.** 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bourgeois for

Kriste 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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	06/24/2016
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 , 2016, a complaint investigation (CCR #2016006620) was conducted at Somerset Assisted Living Facility (facility license number 7472). Deficient practice was identified. The facility was not in compliance at this time.

0167 Resident Contracts

Based on record and review and interview, the facility failed to execute a contract before or upon admission for 2 of 4 residents (Residents #3 and #4).

Findings:

On at approximately 11:55 AM, an interview was conducted with Resident #3. He stated he has been living in the facility since 2016.

On at approximately 12:09 PM, an interview was conducted with Resident #4. During the interview, he stated he has been living in the facility at least 3 months.

On , a review was conducted on Resident #3's and #4's facility records. No signed contract could be found in either record.

On at approximately 1:40 PM, an interview was conducted with the Administrator regarding the missing contracts for Residents #3 and #4. She stated she did not have signed contracts for either resident. She stated Resident #3 kept moving in and out of the facility. Resident #3 moved in in 2016 for good. She stated she did not know why there was no signed contract for Resident #4.

Class III