STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	09/08/2016
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

On 09/08/2016, an Extended Congregate Care survey was conducted at Somerset House, license number 9120. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on observations, interview and record review, the facility failed to obtain an updated AHCA Form 1823 (medical examination) when a resident was admitted to hospice services, for 1 of 4 sampled residents (Resident 1), .

The findings included:

Review of resident records conducted revealed the following concerns:

Resident #1 was admitted to the facility on . She was subsequently admitted to hospice services on . The most current medical examination in her records was not dated but was faxed to the facility on / , 20 days prior to her admission to hospice services. There was no documentation showing the facility obtained an updated medical examination (AHCA Form 1823) upon the resident's admission to hospice services as required. Resident #1 was observed on at 12:24 PM having lunch. Her Private Duty Aide, present at the time of observation, confirmed she was on hospice. This was discussed and acknowledged by the Administrator on at 5:15 PM.

Class III

0053 Medication - Administration

Based on observations, interviews and record review, the facility failed to ensure licensed nursing staff properly administered medications to residents for 3 of 4 sampled Residents (1, 3 and 4) by pre-pouring medications and not applying adequate hygiene standards for medications and related equipment.

The findings included:

Review of medication systems conducted revealed the following concerns:

1. Upon arrival to the facility at 9:11 AM, Employee A, a Licensed Practical Nurse, was identified as the

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person in charge at the time. She was observed standing behind a medication cart to the right of the nurse room. Medications that had been "pre-poured" (preparing medications for multiple residents at one time) for 3 residents were observed on top of the medication cart in small plastic pill cups. After introduction and explanation of the purpose of the survey, an interview was conducted with Employee A while the following observations were made:
A. Employee A placed two pill cups containing 5 pills belonging to Resident 4 in the resident's plastic medication bin and placed the bin in the medication cart.
B. She then brought 1 pill cup containing 2 pills belonging to Resident 3, and 2 pill cups containing 9 pills and powdered medication belonging to Resident 1 in the medication inside the nurse
C. Resident 3 was present so she retrieved her pill cup from the medication administered her medication to her at 9:25 AM.
When asked about the medication pre-poured for Residents 1 and 4, she stated they were not ready for their medications yet. She later confirmed she had not seen or talked to Resident 1 and 4 prior to preparing their medications. Review of medical records for Residents 1 and 4 revealed the pre-poured medications were their scheduled morning medications.

2. Observation of the surface of the top of the medication cart revealed a thin layer of water in an area about 6"x9", and light-colored debris lining two side edges of the top of the cart. Observations of medication tablets making contact with the surface of the top of the medication cart were made as follows:
A. At 9:25 AM, Employee A cut a tablet of (belonging to Resident 3) in half with a pill cutter. After making the cut, one half of the pill popped out of the cutting unit and landed on the top of the medication cart.
B. At 9:50 AM, while Employee A removed a pill cup from Resident 4's medication bin, one pink tablet out of the pill cup and landed on the top of the medication cart.
In both cases, Employee A scooped up the pills for administration to the residents.
In an interview conducted at 10:15 AM, Employee A acknowledged she should have disposed of the medications that on the medication cart and replaced them with new tablets. At 10:40 AM, this was brought to the Administrator's attention; she also observed the condition of the top of the medication cart at that time.

3. At 10:53 AM, the facility's only pill crusher was observed to be excessively soiled (photographic evidence obtained) throughout. In an interview conducted at the time of observation, Employee A acknowledged the condition of the pill crusher; she was asked and stated Resident 1 receives crushed medications. In an interview conducted at 12:27 PM, Resident 1's Private Duty Aide confirmed the resident receives medications crushed in apple sauce. In an interview conducted at 5:30 PM, the Administrator stated she was familiar with the concern related to the soiled pill crusher.

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Class III

0093 Food Service - Dietary Standards

Based on observation, interviews and record review, the facility failed to provide a therapeutic diet as ordered by a Health Care Provider (HCP) for 1 of 3 sampled Residents (1).

The findings included:

Review of Resident 1's medical records conducted revealed the following:

1. A Food Preference Form included:
A. Under the section titled Food /Intolerances: no spices, no cheese except goat cheese, no raw vegetables, no corn, zucchini, tomatoes, eggplant
B. Under the section titled Fruits: seedless
C. Under the section titled Vegetables: all cooked
D. Under the section titled Food Dislikes: Those listed above, due to known stomach sensitivity

2. A I/ Questions for [Doctor] Appointment initialed by her HCP included: Diet - No lettuce, no tomatoes, no strawberries, no seeds, ... no nuts, onions, Give list to kitchen to assure proper food intake (the last part was underlined).

3. A I/ fax signed by her HCP that included "No lettuce, tomatoes, strawberries nuts, onions, and no seeds."

4. A I/ fax signed by her HCP that included "low residual diet"

Resident 1 was observed in her her lunch dessert on at 12:24 PM. In an interview conducted at that time, her Private Duty Aide (PDA) stated the resident ate a Greek salad that included lettuce and tomatoes for lunch today.

In an interview conducted at 12:30 PM, the facility's Food and Beverage Director stated he was familiar with her special diet needs but did not have a therapeutic diet order from her HCP so she receives whatever she orders. He presented the menu for today which listed iceberg lettuce as an ingredient. He also presented the standardized recipe which included seeded (but raw) tomatoes,

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cucumber, and bell peppers.

Record review failed to indicate any documentation signed by the resident and/or legal representative stating they are aware of the physician order diet but refuse to follow. Further record review failed to indicate any documentation of any changes to the aforementioned physician order diet.

In an interview conducted at 6:30 PM, the Administrator, Employee A, a Licensed Practical Nurse, and the Administrative Assistant reviewed the above documentation and stated Resident 1 should receive a "low residual" diet as ordered by her HCP.

Class III

E206 ECC - Service Plans

Based on record review and interviews, the facility failed to review and update the service plan, for 1 of 2 sampled Residents (3) receiving Extended Congregate Care (ECC) services.

The findings included:

Review of Resident #3's medical records revealed the following. She was admitted to the facility on / /. She was admitted to ECC services for total assistance with , bathing and dressing on / /. Further review of her medical records revealed an ECC service plan created on / /. The form had three sections for staff to fill out when the required quarterly reviews were conducted for this resident. All three sections were left blank.

This was discussed and acknowledged by the Administrator on at 4:51 PM. The Administrator provided no additional information for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Re: Extended Congregate Care Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2016 by a representative from 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 3, 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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