STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	**03/20/2017**
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 , an unannounced complaint survey (CCR#2017000836) was conducted at Somerset (facility license number 7472). There was deficient practice at the time of the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that staff assisting with medication self-administration received 2-hours of continuing education annually on assistance with medication self-administration for 2 of 2 staff (Administrator and Assistant Administrator).

Findings

On , a record review was conducted of the Administrator's personnel file. The personnel file revealed initial 4-hour training in assistance with self-administration dated . A certificate showing 2-hours of continuing education for assistance with medication self-administration was dated . There was no annual continuing education for 2016.

On , a record review was conducted of the Assistant Administrator's personnel file. The personnel file revealed initial 4-hour training in assistance with medication self-administration dated . A certificate showing 2-hours of continuing education for assistance with medication self-administration was dated . There was no annual continuing education for 2016.

On at 8:12 AM, an interview was conducted with the Director or Nursing (DON). The DON stated that the facility Administrator and Assistant Administrator are Medication Technicians (Med Techs), and they come in at night to assist with medications if a nurse is not available.

On at 10:50 AM, an interview was conducted with the facility Administrator. The Administrator stated, "I will jump in, or (Assistant Administrator) will jump in to help with meds if we need to. We (Administrator and Assistant Administrator) have our med tech so that we can jump in and help like if a resident , or the nurse isn't right there."

On at 11:10 AM, an interview was conducted with the Administrator. The Administrator was asked if she had the certificates showing 2-hours of continuing education in assistance with medication self-administration for herself and the Assistant Administrator. The Administrator stated, "I still don't have the forms." No further information was provided.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	**03/20/2017**
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)