STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**04/20/2017**
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 Relicensure with ECC and LNS survey was conducted on - at Somerset House, license # 9120. The facility had a deficiency identified at the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interviews, the facility failed to ensure a resident was reassessed after a significant change in condition and the Findings documented on the Resident Health Assessment Form (AHCA) form 1823, for 1 out of 8 sampled residents (Resident #6).

Findings include:

A review of the record of Resident # 6 revealed that she was admitted to the facility on . There was a single State of Florida Agency for Health Care Administration Form 1823 the chart dated . On , the Nurse notified the physician that the resident was declining. The physician ordered lab work which revealed that the resident was in failure as evidenced by a high , level. The Physician ordered Hospice which was initiated on . The most recent AHCA 1823 form dated didn't indicate the resident was receiving Hospice services at that time.

An interview was conducted with Employee A, (a Licensed Practical Nurse). Employee A confirmed that the resident had experienced a significant change (decline) in her condition and had not be reassessed as evidenced by the lack of a new 1823 AHCA assessment form. The Nurse confirmed that the facility failed to ensure that a new AHCA 1823 form was completed after the resident was determined by her physician, to have a significant change in condition.

Class III

WORK-IN-PROGRESS

5/4

Facility: Somerset House
Address: 1540 Oak Harbor Blvd, Vero Beach, Florida 32962

Event ID # 98I711

☒ State ☐ Federal ☐ Both

Survey Start Date: 04/19/2017
Survey End Date: 04/20/2017

Facility Type: ALF
Type of ALF Relicensure Survey: Standard with LNS and ECC
Provider #:
☐**Unlicensed** ☒**License** #: AL9120
Expiration date: 05/28/2017
OSS Resident Count: na
Number of Beds: 35
Census: 15

Administrator: Jennifer Courtney
Phone: 772 562 3808
Fax: 772 794 9279

Survey Type:

☐Complaint: **CCR#**
☒Re-licensure: with ECC and LNS
☐Recertification:
☐Life Safety:
☐Revisit:
☐2nd Revisit:
☐Initial:
☐EMTALA:
☐Risk Management:
☐CHOW:
☐Other: Choose an item.

Surveyors: Dianne Dixon-Brown RNS # 22500

Results: ☐Pass ☒Fail
Correction Date: Click to enter a date.
Deficiencies Cited: A0010

DATA ENTRY

Action	Initials	Date
E-mail date	[illegible]	4/20/17
E-mail printed and to front desk	[illegible]	4/20/17
Enter results in VERSA	SF	4/21/17
Kit to Supervisor	JWP	4-24-17
Supervisor Reviewed		
Typed	[illegible]	5/9/17
Signed		
☐Mailed ☑Faxed ☐EPOC	[illegible]	5/10/17
☐Mailed ☐Email (Complainant)	—	
AEM -Notice Tab completed		
-Uploaded		
-Close case		
-Attachments done		
-Email CMS/Phyllis		
ACO - Closed survey property	DLT	5/12/17
- SOD sent date filled	DLT	5/12/17
-CMS forms entered		
ACTS -allegations/findings		
-562 form		
VERSA -Closed		
-Referrals		
ESOD – Exported into LF	SF	5/15/17
POC/EPOC Received		
POC/EPOC Approved		
POC Tracking		
2786 Entry & Print		
Laserfiche Scan	[illegible]	5.17.17
Laserfiche QA	[illegible]	5.17.17
WIP: Desk, Supervisor, DB		

RECEIVED
APR 24 2017
BY:

Revised 4/1/15

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**04/20/2017**
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 Relicensure with ECC and LNS survey was conducted on 4/19 - 4/20/17 at Somerset House, license # 9120. The facility had a deficiency identified at the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interviews, the facility failed to ensure a resident was reassessed after a significant change in condition and the Findings documented on the Resident Health Assessment Form (AHCA) form 1823, for 1 out of 8 sampled residents (Resident #6).

Findings include:

A review of the record of Resident # 6 revealed that she was admitted to the facility on 2/20/15. There was a single State of Florida Agency for Health Care Administration Form 1823 the chart dated 1/30/2015. On 3/26/17, the Nurse notified the physician that the resident was declining. The physician ordered lab work which revealed that the resident was in renal failure as evidenced by a high potassium level. The Physician ordered Hospice which was initiated on 3/28/17. The most recent AHCA 1823 form dated 1/30/15 didn't indicate the resident was receiving Hospice services at that time.

An interview was conducted with Employee A, (a Licensed Practical Nurse). Employee A confirmed that the resident had experienced a significant change (decline) in her condition and had not be reassessed as evidenced by the lack of a new 1823 AHCA assessment form. The Nurse confirmed that the facility failed to ensure that a new AHCA 1823 form was completed after the resident was determined by her physician, to have a significant change in condition.

Class III

STAFF

Walker, Joanna

From:	Walker, Joanna
Sent:	Monday, April 24, 2017 9:02 AM
To:	Bonpietro, Michele; Lewin, Jean
Cc:	Wedges-Phoenix, Tikel
Subject:	FW: Somerset House ALF Relicensure with ECC ands LNS FAILED
Attachments:	ALF Checklist_22500_98I711_04202017 (2).docx; ECC_22500_98I711_04202017.docm; ER_22500_98I711_04202017.doc; FI_22500_98I711_04202017_.docm; FSDR_22500_98I711_04202017.docm; LNS_22500_98I711_04202017.docx; MR_22500_98I711_04202017.docm; RI_2200_98I711_04192017_1.docm; RI_2200_98I711_04192017_2.docm; RI_2200_98I711_04192017_3.docm; RI_2200_98I711_04192017_4.docm; RI_2200_98I711_04192017_5.docm; RI_2200_98I711_04192017_6.docm; RR_22500_98I711_04202017_6.docm; RR_22500_98I711_04202017_7.docm; RS_22500_98I711_04202017.docm; SI_22500_98I711_04202017_A.docm; SI_22500_98I711_04202017_C.docm; SI_22500_98I711_04202017_D.docm; SN_22500_98I711_04202017.docm; WIP_22500_98I711_04202017.docm; ASPENTX.ZIP

The Worksheets are on the "S" drive.

From: Dixon-Brown, Dianne
Sent: Friday, April 21, 2017 11:00 AM
To: Bartley, Deatrice M. <Deatrice.Bartley@ahca.myflorida.com>; Lefkowitz, Lila <Lila.Lefkowitz@ahca.myflorida.com>; MacPherson, Evelyn <Evelyn.MacPherson@ahca.myflorida.com>; Mayo-Davis, Arlene <Arlene.Mayo-Davis@ahca.myflorida.com>; Rizzuto, Ann <Ann.Rizzuto@ahca.myflorida.com>; Salerni, Maryanne <Maryanne.Salerni@ahca.myflorida.com>; Thurman-Smith, Monica <Monica.Thurman-Smith@ahca.myflorida.com>; Wedges-Phoenix, Tikel <Tikel.Wedges-Phoenix@ahca.myflorida.com>; Bonpietro, Michele <Michele.Bonpietro@ahca.myflorida.com>; O'Brocki, Diane <Diane.O'Brocki@ahca.myflorida.com>; Fann, Sarita <Sarita.Fann@ahca.myflorida.com>; Fuentes, Maira <Maira.Fuentes@ahca.myflorida.com>; Hollis, Catherine <Catherine.Hollis@ahca.myflorida.com>; Lewin, Jean <Jean.Lewin@ahca.myflorida.com>; Taylor, Diane <Diane.Taylor@ahca.myflorida.com>; Walker, Joanna <Joanna.Walker@ahca.myflorida.com>
Subject: Somerset House ALF Relicensure with ECC ands LNS FAILED

Please set up folders, all documents submitted electronically. One deficiency identified.

TX Result Report

05/10/2017 16:56
Serial No. A61E011012524
TC: 202604

Addressee	Start Time	Time	Prints	Result	Note
917727949279	05-10 16:54	00:02:09	003/003	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

Arlene Mayo-Davis, Field Office Manager
Agency for Health Care Administration
Health Quality Assurance
5150 Linton Blvd, Suite 500
Delray Beach, Florida 33484
Phone: (561) 381 - 5840
Fax: (561) 496-5925 or (561) 496-5924

Date: 5/10/17

WE ARE SUBMITTING #3 **PAGES (INCLUDING THE COVER PAGE)**

TO: Administrator: Somerset House (Survey Date: 4/20/17

FROM: Joanna Walker

COMMENTS: Statement of Deficiencies:

Fax # (772) 794 - 9279