STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**06/26/2017**
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 licensure complaint survey, CCR# 2017003267, was conducted on at Somerset House, License # 9120. The facility had a deficiency at the time of the investigation.

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on interview and record review, it was determined that the facility failed to ensure each person who is employed by or contracts with the licensee who has been screened and qualified according to standards specified in s. 435.04 must be rescreened every 5 years.

The findings included:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 1:30 PM; Staff C's background screening form was reviewed on the computer screen in the Administrator's office and in this employee's file. This document reflected Staff C's last background screening was conducted on . The Administrator acknowledged it had been over 5 years since Staff C's background screening had been updated. The Administrator stated Staff C (a contracted Registered Nurse) had been on leave recently, but had returned to work approximately 1 month ago.

Unclassified