STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**01/10/2019**
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 Limited Nursing Services (LNS) and Extended Congregate Care (ECC) survey was conducted on at Somerset House, License #9120. The facility had deficiencies at the time of the visit.

This survey was conducted in conjunction with licensure complaint, CCR #2018015631 on the same date. See separate report for findings.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 3 out of 5 sampled residents (Residents #1, #2 and #5) who required assistance with the self-administration of medication.

The findings included:

During review of the , MORs, the following omissions and errors were identified:

1) Resident #1
a. 9:00 AM doses on and were not initialed as given for .
b. 9:00 PM dose on was not initialed as given for .
c. 9:00 PM doses on , and were not initialed as given for Midnit.
d. 9:00 AM doses on and were not intialed as given for .
e. 9:00 PM doses on , and were not initialed as given for .
f. 3:00 PM doses on and were not initialed as given for .

2) Resident #2
a. 8:00 PM doses on had not been initialed as given for , , or .
b. 9:00 PM dose on had not been initialed as given for .
c. 5:00 PM doses on had not been initialed as given for Fish Oil or .
d. 6:00 AM doses on and had not been intialed as given for , 100 MCG.
e. 8:00 PM dose on had not been intialed as given for .
f. 8:00 PM dose on had not been intialed as given for Milk of Magnesia.
g. Fish Oil, to be given 3 times a day, was scheduled for 9:00 AM and 5:00 PM with no third dose time

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**01/10/2019**
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)

documented.
h. , , , were documented to be "used as directed" with no directions for use noted. 3 times were scheduled for this medication to be taken.

3) Resident #5
a. 9:00 PM dose on had not been intialed as given for , .

The Administrator was notified of these findings during interview on at 2:30 PM. The facility provided no additional documentation for review at this time.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on record review and an interview, the facility failed to ensure medications in central storage were secured at all times, for 1 out of 1 sampled resident (Resident #2).

The findings included:

On at 9:00 AM, Resident #2 stated during interview that the nurse leaves her , medication in her room in a cup around 4:00 AM or 5:00 AM every morning. She stated that the nurse does not watch her take the medication.

Review of the resident's , MOR (medication observation record) revealed , is scheduled to be given at 6:00 AM daily. Initials were documented each day to indicate that the nurse had observed the resident take the medication.

During interview with the Administrator on at 1:00 PM, she confirmed that the nurses provided the resident's medication during the 11:00 PM to 7:00 AM shift. She was notified of the resident's report of the medication being left in the resident's room every morning. The facility provided no additional information for review at this time.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**01/10/2019**
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)

Based on record review and an interview, the facility failed to ensure 1 out of 3 sampled employees (Staff B) had submitted a written statement from a health care provider documenting that the employees do not have any signs or symptoms of communicable , ( ), dated within 30 days of hire; and, failed to ensure 1 out of 3 (Staff B) sampled staff had annual documentation from a health care provider of freedom from .

The findings included:

a) During record review for Staff B, date of hire , a signed statement by a health care provider verifying this employee was free from communicable was on file, dated . Documentation of freedom from on the same form was dated . The documentation of freedom from communicable was dated more than 30 days after the date of employment. The annual documentation of freedom from was not available for review.

A request was made to the Administrator for the documentation on at 1:00 PM, but the Administrator was unable to locate it at the time of survey. The facility provided no additional information for review at this time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**01/10/2019**
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 Limited Nursing Services (LNS) and Extended Congregate Care (ECC) survey was conducted on at Somerset House, License #9120. The facility had deficiencies at the time of the visit.

This survey was conducted in conjunction with licensure complaint, CCR #2018015631 on the same date. See separate report for findings.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 3 out of 5 sampled residents (Residents #1, #2 and #5) who required assistance with the self-administration of medication.

The findings included:

During review of the , MORs, the following omissions and errors were identified:

1) Resident #1
a. 9:00 AM doses on and were not initialed as given for .
b. 9:00 PM dose on was not initialed as given for .
c. 9:00 PM doses on , and were not initialed as given for Midnit.
d. 9:00 AM doses on and were not intialed as given for .
e. 9:00 PM doses on , and were not initialed as given for .
f. 3:00 PM doses on and were not initialed as given for .

2) Resident #2
a. 8:00 PM doses on had not been initialed as given for , , or .
b. 9:00 PM dose on had not been initialed as given for .
c. 5:00 PM doses on had not been initialed as given for Fish Oil or .
d. 6:00 AM doses on and had not been intialed as given for , 100 MCG.
e. 8:00 PM dose on had not been intialed as given for .
f. 8:00 PM dose on had not been intialed as given for Milk of Magnesia.
g. Fish Oil, to be given 3 times a day, was scheduled for 9:00 AM and 5:00 PM with no third dose time

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	01/10/2019
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)

documented.
h. [redacted] were documented to be "used as directed" with no directions for use noted. 3 times were scheduled for this medication to be taken.

3) Resident #5
a. 9:00 PM dose on [redacted] had not been intialed as given for [redacted].

The Administrator was notified of these findings during interview on [redacted] at 2:30 PM. The facility provided no additional documentation for review at this time.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on record review and an interview, the facility failed to ensure medications in central storage were secured at all times, for 1 out of 1 sampled resident (Resident #2).

The findings included:

On [redacted] at 9:00 AM, Resident #2 stated during interview that the nurse leaves her [redacted] medication in her room in a cup around 4:00 AM or 5:00 AM every morning. She stated that the nurse does not watch her take the medication.

Review of the resident's [redacted] MOR (medication observation record) revealed [redacted] is scheduled to be given at 6:00 AM daily. Initials were documented each day to indicate that the nurse had observed the resident take the medication.

During interview with the Administrator on [redacted] at 1:00 PM, she confirmed that the nurses provided the resident's medication during the 11:00 PM to 7:00 AM shift. She was notified of the resident's report of the medication being left in the resident's room every morning. The facility provided no additional information for review at this time.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**01/10/2019**
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)

Based on record review and an interview, the facility failed to ensure 1 out of 3 sampled employees (Staff B) had submitted a written statement from a health care provider documenting that the employees do not have any signs or symptoms of communicable , ( ), dated within 30 days of hire; and, failed to ensure 1 out of 3 (Staff B) sampled staff had annual documentation from a health care provider of freedom from .

The findings included:

a) During record review for Staff B, date of hire , a signed statement by a health care provider verifying this employee was free from communicable was on file, dated . Documentation of freedom from on the same form was dated . The documentation of freedom from communicable was dated more than 30 days after the date of employment. The annual documentation of freedom from was not available for review.

A request was made to the Administrator for the documentation on at 1:00 PM, but the Administrator was unable to locate it at the time of survey. The facility provided no additional information for review at this time.

Class III