STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968435	04/25/2019
NAME OF PROVIDER OR SUPPLIER **SOMERSET COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **34731 CHANCEY RD** **ZEPHYRHILLS, FL 33541**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Extended Congregate Care Monitoring survey was conducted in conjunction with a revisit survey at Somerset Community Assisted Living Facility on . The facility had deficient practice at the time of survey.

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

Based on observation, interview, and record review the facility failed to determine the appropriateness of one resident, (Resident #1) of two residents sampled, for continued residency.

Findings included:

During an observation conducted on at 9:45 AM, a was observed in the room used by Resident' #1 and #2, in the corner of the room at the end of Resident's #1 bed. (photographic evidence taken.)

In an interview conducted on at 9:57 AM, Resident #2 stated that the was used for her roommate Resident #1. Resident #2 stated that her roommate cannott get out of bed on her their own and that staff use the machine to lift Resident #1 out of bed.

In an interview conducted with staff B on at 10:00 AM, Staff B stated that the is used for Resident #1 to get them in and out of bed.

In an interview with the manager conducted on at 10:10 AM, the manager stated that the resident has been using the since of 2018. stated that Resident # 1 is very weak on their and the is used for safety measures for the resident. The manager stated that the facility owns the .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, Resident #2 of one sampled, who was admitted to hospice while residing at the facility did not have an interdisciplinary care plan which specifies the services provided by

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hospice and services provided by the facility.

Findings included:

Resident record review on revealed that Resident #2 was admitted to hospice on . The facility did not have an interdisciplinary care plan in the resident's record stating care and servies the facility was responsible for or the care and services hospice was responsible for.

In an interview with the manager, conducted on at 11:45 AM the manager stated that Resident #1 did not have an interdisciplanary plan in her record.

Class III

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that the administrator received four hours of initial training in extended congregate care and all direct care employees (staff A and B) of three sampled, received a two hour training in extended congregate care.

Findings Included:

An employee record review for the administrator, conducted on , revealed that the administrator did not have evidence of four hours of initial training in extended congregate care (ECC). The administrator's date of hire was .

An employee record review for staff A, conducted on , revealed that staff A did not have evidence of two hours of ECC training in the employee's record. Staff A's date of hire was .

An employee record review for staff B, conducted on , revealed that staff B did not have evidence of two hours of ECC training in the employee's record. Staff B's date of hire was .

During an interview with the administrator, conducted on , at 2:10 PM, the administrator acknowledged and confirmed that the three employee files reviewed did not have evidence of ECC training.

Class III