

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968435	(X3) DATE SURVEY COMPLETED R 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

A revisit to complaint #2019003058 was conducted at Somerset Community on in conjunction with an extended congregate care (ECC) monitoring visit. At the time of the survey, the facility had deficient practice.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and attempted record review, the failed facility to obtain approval for its emergency environmental control plan (EECP) from the local emergency management agency, did not develop written policies and procedures to ensure that the facility could effectively and immediately operate and maintain the alternate power source and any fuel required in the event of an emergency (Written Policies and Procedures), or obtain the necessary fuel to operate the alternate power source for the required amount of time (Required Fuel).

Findings included:

An interview was conducted with the Administrator at 10:32 AM on concerning the facility's EECP. The Administrator stated that the EECP had not been approved by the local emergency management agency. The Administrator also stated that they had not yet developed Written Policies and Procedures or obtained Required Fuel to be utilized in an event of an emergency.

No EECP was produced during survey and the facility also did not produce any documentation of policies or procedures.

Class III