Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910627	A. BUILDING: _____ B. WING _____	C 07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMERSET	2450 DORA AVENUE TAVARES, FL 32778

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2026012462) was conducted at Somerset on July 23, 2026. Deficiencies were identified at the time of survey.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known allergies the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical restraints, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Medication Observation Record (MOR) accurately reflected the resident's current physician orders for Resident #1 reviewed for medication administration. Findings Include: Review of Resident #1's record revealed an admission date of 09/03/2025. Record documents a physician order dated 04/01/2026 that reads, Trazodone 50 MG by mouth at bedtime as needed. Review of Resident #1's Medication Observation Record (MOR) for July 2026 had no documentation evidence of Trazodone 50 MG listed. During an interview on 07/23/2026 at 12:12 PM, the Registered Nurse stated, "I don't know why Trazodone is not listed on the July [2026] MOR. If it is ordered, it should be on the MOR." During an interview on 07/23/2026 at 3:23 PM, the Administrator stated, "I do not have an order discontinuing Trazodone, and it should be in the resident's MOR and medical record." Review of the facility's policy and procedure titles "Medication Management Storage and Disposal Policy" read, "Section V, Medication Record, the facility shall maintain a daily Medication Observation Record (MOR) for each resident receiving assistance with self-administration or medication administration. The MOR "must include the name of each medication prescribed"	A 054		

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A 054	Continued From page 2 and "must be immediately updated each time the medication is offered or administered." Class III	A 054		