

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964604	(X3) DATE SURVEY COMPLETED 03/09/2015
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-03/09/2015
0078-Staffing Standards - Staff-03/09/2015
0091-Training - Documentation & Monitoring-03/09/2015

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on March 9, 2015. Somerset House had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 16, 2015

Administrator
Somerset House
1540 Oak Harbor Boulevard
Vero Beach, FL 32967

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 9, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

DT9D

