



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 22, 2016

Administrator
Somerset
2450 Dora Avenue
Tavares, FL 32778

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 8, 2016 by representative(s) of this office.

Enclosed 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 surveyor(s). Should you have any questions please call Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/22/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910627	(X3) DATE SURVEY COMPLETED R 06/08/2016
NAME OF PROVIDER OR SUPPLIER SOMERSET	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 DORA AVENUE TAVARES, FL 32778	

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

0000 Initial Comments

On June 8, 2016 a follow-up survey in reference to the biennial done on 3/31/2016 was conducted at Somerset Assisted Living Facility (facility license number 7472). No deficient practice was identified. The facility was in compliance at this time.