STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	R **03/06/2017**
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

A desk review was conducted on 3/6/2017 as follow-up to complaint survey (CCR#2016010271) for Somerset (facility license number 7472). The previously cited deficiencies were cleared as a result of the desk review.