

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964604	(X3) DATE SURVEY COMPLETED R 05/24/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A desk review revisit survey to the Relicensure with ECC and LNS survey was conducted on 5/24/17 for Somerset House, license # 9120. The facility had no uncorrected deficiencies identified at the survey.