

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964604	(X3) DATE SURVEY COMPLETED 07/28/2017
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 An unannounced licensure Complaint survey, CCR #2017008165, was conducted on July 28, 2017 at Somerset House (License #9120). The facility had no deficiencies identified at the time of the survey.		

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