STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968435	R **08/14/2017**
NAME OF PROVIDER OR SUPPLIER **SOMERSET COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **34731 CHANCEY RD** **ZEPHYRHILLS, FL 33541**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 08/14/17 for Somerset Community. The deficient practice previously cited on 6/22/17 was corrected during the review.

(License # 12425)