STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968435	**10/09/2017**
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

An unannounced biennial relicensure survey with Extended Congregate Care (ECC) and Limited Mental Health (LMH) was conducted on 10/9/17.

The Somerset Community, Assisted Living Facility, had no deficiencies at the time of this visit.

(License # 12425)