STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964604	**11/21/2017**
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 Extended Congregate Care and Limited Nursing Services Monitoring Survey was conducted on 11/21/17 at Somerset House, license #9120. There was no deficient practice identified.