

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910627	(X3) DATE SURVEY COMPLETED 01/22/2018
NAME OF PROVIDER OR SUPPLIER SOMERSET	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 DORA AVENUE TAVARES, FL 32778	

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

0000 - Initial Comments

An unannounced complaint survey (CCR 2017015358) was conducted on January 22, 2018 at Somerset Assisted Living Facility (License #7472) in Tavares, FL. Somerset Assisted Living Facility had no deficiencies at the time of the survey.