

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964604	(X3) DATE SURVEY COMPLETED 06/25/2018
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 Limited Nursing Services Monitoring visit survey was conducted on 6/25/18 at Somerset House, license #9120. The facility had no deficiencies at the time of the visit.		