

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964604	(X3) DATE SURVEY COMPLETED 01/10/2019
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 licensure complaint survey, CCR #2018015631, was conducted on 01/10/19 at Somerset House, License #9120. The facility had no deficiencies identified at the time of the survey. This survey was conducted in conjunction with the Relicensure survey on the same date. See separate report for findings.		