STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910627	C **11/05/2018**
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 #2018016026, was conducted on November 05, 2018 at Somerset Assisted Living Facility in Tavares, license #7472. No deficiencies were identified during the survey.