STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968435	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **SOMERSET COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **34731 CHANCEY RD** **ZEPHYRHILLS, FL 33541**	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring Visit for Residents' Well-Being was conducted on 3/5/19 at the Somerset Community, Assisted Living Facility (License #12425).