

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967569	(X3) DATE SURVEY COMPLETED 03/29/2016
NAME OF PROVIDER OR SUPPLIER BENTON HOUSE OF TITUSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 497 N WASHINGTON AVE TITUSVILLE, FL 32796	

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

0000 Initial Comments

Complaint investigation #2015012895 was conducted on 3/29/2016. Benton House of Titusville there were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 20, 2016

Administrator
Benton House Of Titusville
497 N Washington Ave
Titusville, FL 32796

RE: CCR #2015012895

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 29, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa DeCanio", is written over the typed name and title.

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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