

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967569	(X3) DATE SURVEY COMPLETED 04/05/2016
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

On April 4, 2016 to April 5, 2016 an unannounced complaint investigation (CCR 2016002072) was conducted in conjunction with a revisit. Benton House of Titusville had no deficiencies related to this complaint.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 21, 2016

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

RE: CCR #2016002072

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 5, 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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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