STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967541	R **05/01/2017**
NAME OF PROVIDER OR SUPPLIER **BENRAC HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **910 BRIARCLIFF DRIVE** **VALRICO, FL 33594**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 5/01/17 to the abbreviated biennial with limited mental health (LMH) survey of 4/10/17. At the time of the desk review, it was determined that the previously cited deficiencies at Benrac Home ALF had been corrected.