

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969198	(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER BENTON HOUSE AT OAKLEAF	STREET ADDRESS, CITY, STATE, ZIP CODE 417 OAKLEAF PLANTATION PKWY JACKSONVILLE, FL 32222	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments On May 10, 2017 an initial licensure assisted living survey was conducted at Benton House Assisted Living. Deficient practice was not identified during the survey.		