

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969198	(X3) DATE SURVEY COMPLETED 10/29/2018
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

A complaint investigation (CCR #2018013599) was conducted at Benton House At Oakleaf on 10/29/2018 in conjunction with an Extended Congregate Care monitoring survey and an Emergency Power Plan survey. Benton House At Oakleaf had no deficiencies at the time of the investigation.