STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968627	**11/08/2018**
NAME OF PROVIDER OR SUPPLIER **BENTON HOUSE OF CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **16401 GOOD HEARTH BLVD** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On November 7, 2018 through November 8, 2018, an unannounced change of ownership (CHOW) survey was conducted at Benton House of Clermont Assisted Living Facility (License #12491), Clermont FL. No deficient practice was identified at the time of the survey.