STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968627	R **03/01/2018**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS