STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969495	**03/01/2019**
NAME OF PROVIDER OR SUPPLIER **BENTON HOUSE OF PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **812 AIRPORT RD** **PORT ORANGE, FL 32128**	

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

0000 - Initial Comments

On March 1, 2019 an initial licensure survey was conducted at Benton House of Port Orange. Deficient practice was not identified during the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969495	**03/01/2019**
NAME OF PROVIDER OR SUPPLIER **BENTON HOUSE OF PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **812 AIRPORT RD** **PORT ORANGE, FL 32128**	

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

0000 - Initial Comments

On March 1, 2019 an initial licensure survey was conducted at Benton House of Port Orange. Deficient practice was not identified during the survey.