STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968627	C **02/21/2019**
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 [redacted] through [redacted], an unannounced Change of Ownership survey in conjunction with Emergency Power Plan monitoring survey was conducted at Benton House of Clermont Assisted Living Facility. Deficient practice was identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure resident health assessment (AHCA Form 1823) was complete for 1 of 2 reviewed residents (Resident #12).

Findings:

A record review of Resident #12's most recent health assessment (AHCA Form 1823) dated [redacted] indicated no comments regarding type of assistance required for activities of daily living. Page 5 did not contain the address and telephone number of the examiner. Page 5 was left completely blank and no [redacted] was recorded in page 1.

On [redacted] at approximately 2:50 PM, an interview was conducted with the Resident Care Director. She confirmed Resident #12's form did not indicate the type of assistance needed for activities of daily living. She also confirmed the omissions on pages 1, 4, and 5 in Resident #12's health assessment form.

Class III