STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968627	R-C **05/02/2019**
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

A follow-up to Change of Ownership and Emergency Power Plan monitoring survey was conducted by desk review for Benton House of Clermont Assisted Living Facility on May 2, 2019. Deficiencies were found to be corrected at the time of the survey.