STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969198	R **05/03/2019**
NAME OF PROVIDER OR SUPPLIER **BENTON HOUSE AT OAKLEAF**	STREET ADDRESS, CITY, STATE, ZIP CODE **417 OAKLEAF PLANTATION PKWY** **JACKSONVILLE, FL 32222**	

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

0000 - Initial Comments

A desk reivew to a biennial licensure survey was conducted at Benton House at Oakleaf on May 3, 2019. Deficiencies were corrected at the time of the desk review.