STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967541	R **04/30/2019**
NAME OF PROVIDER OR SUPPLIER **BENRAC HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **910 BRIARCLIFF DRIVE** **VALRICO, FL 33594**	

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

0000 - Initial Comments

A second revisit to complaint investigation #2018014439 and a biennial relicensure survey were conducted at Benrac Home Assisted Living Facility (ALF) on 4/30/2019. The previously cited deficiency was found to be corrected.