Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** B03806	**(X3) Date Survey Completed** 10/14/2019
Name of Provider or Supplier Benton Rural Health Clinic	**Street Address, City, State** 543 Powell Ln, Benton, KY	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	An Initial Certification Survey was conducted on 10/14/19 to determine the facility's compliance with the Federal Conditions of Participation for Emergency Preparedness. It was determined the facility meets the Federal Conditions of Participation for Emergency Preparedness with no deficiencies cited.