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)
J0000	An Initial Certification Survey was conducted on 10/14/19 to determine the facility's compliance with the Federal Conditions of Participation. It was determined the facility did not meet the Federal Conditions of Participation with deficiencies cited.