



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 13, 2015

Administrator
Hawthorne Inn Of Ocala
4100 Sw 33rd Avenue
Ocala, FL 34474

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 30, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/jjh
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/13/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910278	(X3) DATE SURVEY COMPLETED 04/30/2015
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 4100 SW 33RD AVENUE OCALA, FL 34474	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Extended Congregate Care monitoring survey was conducted at Hawthorne Village Retirement Community Assisted Living Facility in Ocala, Florida on April 30, 2015. Deficient practice was not identified at the time of the survey.		