



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

May 21, 2015

Administrator  
Hampton Manor  
1500 S.E. 24th Road  
Ocala, FL 34471

Re: CCR #2015002783

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 12, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547) which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

  
Kriste J. Menzella  
Field Office Manager

KJM/amw  
Enclosure



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 05/21/2015  
FORM APPROVED**

|                                                          |                                                                                             |                                                          |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964374</b>                   | (X3) DATE SURVEY COMPLETED<br><br>R<br><b>05/12/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAMPTON MANOR</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1500 S.E. 24TH ROAD<br/>OCALA, FL 34471</b> |                                                          |

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

**0000 - Initial Comments**

A relicensure survey revisit was conducted on May 12, 2015 at Hampton Manor of Ocala. There were no Licensure deficiencies found at the time of the visit. Previously cited deficiencies were cleared.