STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967908	**08/03/2015**
NAME OF PROVIDER OR SUPPLIER **MEMORY LANE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1665 SW 7TH STREET** **OCALA, FL 34471**	

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

0000 Initial Comments

On August 3, 2015 at 9:30 am a monitoring visit was conducted. There does not appear to be residents inside the building. There did not appear to be any staff at or inside the building.