RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 26, 2016

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 March 14, 2016 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910278	03/14/2016
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

On March 14, 2016 an Extended Congregate Care Monitoring survey was conducted at Hawthorn Inn Of Ocala Assisted Living Facility. Deficient practice was not identified during the survey.