

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964374	(X3) DATE SURVEY COMPLETED R 02/16/2017
NAME OF PROVIDER OR SUPPLIER HAMPTON ALF AT 24TH ROAD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S.E. 24TH ROAD OCALA, FL 34471	

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

0000 - Initial Comments

A desk review was conducted on 2/16/2017 as follow-up on complaint survey (CCR#2016009881) for Hampton ALF at 24th Road, LLC (facility license number 8927). The previously cited deficiency was cleared as a result of the desk review.