

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/03/2017  
FORM APPROVED

|                                                                             |                                                                                         |                                                     |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964374</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>03/15/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAMPTON ALF AT 24TH ROAD<br/>LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<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**

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on 3/15/2017 at Hampton ALF At 24th Road, LLC in Ocala, Florida (facility license number 8927). Deficient practice was not identified at the time of the survey.