STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910278	**04/12/2017**
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 4/24/2017 an unannounced complaint survey (CCR#2017001194) was conducted at Hawthorne Inn of Ocala, License #7129. The facility was in compliance at the time of the survey.