STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953185	C **04/14/2017**
NAME OF PROVIDER OR SUPPLIER **CAMELOT CHATEAU**	STREET ADDRESS, CITY, STATE, ZIP CODE **1831 S.E. LAKE WEIR AVENUE** **OCALA, FL 34471**	

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

0000 - Initial Comments

An unannounced Complaint Investigation Survey (CCRs #2017000585 & 2017001161) was conducted on 4/14/2017 at Camelot Chateau Assisted Living Facility Ocala (facility license number 5429). Deficient practice was not identified during the course of the survey.