

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964374	(X3) DATE SURVEY COMPLETED 06/26/2017
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

On June 26, 2017 a monitoring survey was conducted at Hampton Assisted Living Facility 24th Road. (Lic.#8927). The facility is operating at over capacity due to a fire at a sister facility Hampton Assisted Living facility At Belleview (Lic. #8503). No deficient practice was observed at this time.