STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964374	**10/12/2017**
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 10/12/17 an unannounced complaint investigation (CCR2017011624) was conducted at Hampton Assisted Living Facility at 24th Road (lic.#8927). No deficient practice was identified at the time of the visit.