

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964374	(X3) DATE SURVEY COMPLETED 09/01/2017
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 9/1/17, an unannounced monitoring survey was conducted at Hampton ALF at 24th Road Assisted Living Facility. At the time of the survey, no deficient practice was identified.