

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964374	(X3) DATE SURVEY COMPLETED R 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 follow-up survey was conducted at Hampton Assisted Living Facility at 24th Road. No deficient practice was identified at the time of the survey.