

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910278	(X3) DATE SURVEY COMPLETED R 01/31/2018
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN OF OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 4100 SW 33RD AVENUE OCALA, FL 34474	

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

0000 - Initial Comments

On January 31st, 2018 a desk review was conducted on Hawthorne Village of Ocala (lic# 7129). No deficient practice was identified.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HM5289	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/21/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FLORIDA CANCER SPECIALISTS & RESEARCH INST

**1630 SE 18TH ST BLDG 600 STE 602
OCALA, FL 34471**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
O 000	Initial Observations A re-licensure survey for a Home Medical Equipment provider was conducted on December 21, 2017 for Florida Cancer Specialists & Research Institute, 1630 SE 18th Street Bldg. 600 Suite 602, Ocala, FL. 32471 (License #1314197) in accordance with Florida Administrative Code (F.A.C.) 59A-25.002(1), Florida Statutes (F.S.) 400.93, and 408.812, F.S. No deficiencies were found at the time of the visit.	O 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE