

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966441	(X3) DATE SURVEY COMPLETED 01/22/2018
NAME OF PROVIDER OR SUPPLIER HAMPTON MANOR AT DEERWOOD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 SE 16TH AVENUE OCALA, FL 34471	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) Survey was conducted on 1/22/2018, at Hampton Manor at Deerwood License #10647. No deficient practice was identified at this time.