

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953185	(X3) DATE SURVEY COMPLETED R 05/09/2018
NAME OF PROVIDER OR SUPPLIER CAMELOT CHATEAU	STREET ADDRESS, CITY, STATE, ZIP CODE 1831 S.E. LAKE WEIR AVENUE OCALA, FL 34471	

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

0000 - Initial Comments

On May 9th, 2018 a desk review survey was conducted on Camelot Chateau Assisted Living Facility (license #5429). No deficient practice was identified at this time.