

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964374	(X3) DATE SURVEY COMPLETED 05/24/2018
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 May 24th, 2018 a complaint survey CCR # 2018006649 was conducted at Hampton ALF 24th Rd (license#8927). No deficient practice was identified at this time.