

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964374	(X3) DATE SURVEY COMPLETED 06/27/2018
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 June 26, 2018 through June 27, 2018 a biennial relicensure survey in conjunction with an ECC survey was conducted at Hampton Manor 24th Road Assisted Living (Lic# 8927) of Ocala, FL. At the time of survey there were no deficient practices identified.