STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910278	**06/07/2018**
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

An announced Extended Congregate Care Monitoring survey was conducted on June 25, 2018 at Hawthorne Inn of Ocala, license #7129. No deficient practice was identified during survey.