| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964374** | **09/26/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HAMPTON ALF AT 24TH ROAD LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1500 S.E. 24TH ROAD**<br>**OCALA, FL 34471** | |

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

**0000 - Initial Comments**

On September 11, 2018 and September 26, 2018, a complaint investigation survey (CCR #2018013150) was conducted at Hampton ALF at 24th Road LLC Assisted Living Facility (License #8927), Ocala, FL. No deficient practice was identified at the time of the survey.