

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953185	(X3) DATE SURVEY COMPLETED 10/24/2018
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 October 24, 2018, an unannounced complaint investigation (CCR#2018015680) survey was conducted at Camelot Chateau Assisted Living Facility (License #5429), Ocala, FL. No deficient practice was identified at the time of the survey.