STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953185	**08/24/2017**
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

An unannounced complaint survey (CCR2017006187) was conducted on 08/24/2017 at Camelot Chateau (License #5429), Ocala, FL. No deficient practice was identified at the time of the survey.