



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 18, 2015

Administrator
Brookdale at Pinecastle
1801 SE 24th Road
Ocala, FL 34471

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 17, 2015 by a representative of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/18/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910267	(X3) DATE SURVEY COMPLETED R 06/17/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE AT PINECASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 SE 24TH ROAD OCALA, FL 34471	

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

0000 - Initial Comments

An unannounced revisit for Biennial Survey was conducted on June 17, 2015 at Brookdale at Pinecastle Assisted Living Facility, 1801 SE 24th Road, Ocala, FL. Deficient practice previously identified was found to have been corrected as of the revisit.