



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 7, 2016

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

RE: CCR #2016003329

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 16, 2016 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910267	(X3) DATE SURVEY COMPLETED 06/16/2016
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 On June 16, 2016 a complaint survey (CCR#2016003329) was conducted at Brookdale at Pinecastle (lic 5397) Assisted Living Facility. No deficient practice was identified. The facility was in compliance at this time.		