STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968732	R **02/13/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PINECASTLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2950 SE 19TH AVE** **OCALA, FL 34471**	

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

0000 - Initial Comments

A desk review was conducted on 2/13/2017 as follow-up to Biennial Survey with Limited Nursing Services (LNS) for Brookdale Pinecastle (facility license number 12614). The previously cited deficiency was cleared as a result of the desk review.