STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965252	R **02/20/2017**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR RESIDENCES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2300 S.W. 21ST CIRCLE** **OCALA, FL 34471**	

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

0000 - Initial Comments

A desk review was conducted on 2/20/2017 as follow-up on complaint investigation (CCR#2016012660) for Superior Residences at Cala Hills (facility license number 9673). The previously cited deficiency was cleared as a result of the desk review.