STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910268	R **02/20/2017**
NAME OF PROVIDER OR SUPPLIER **CHANGE OF PACE RET CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1715 E. SILVER SPRINGS BLVD.** **OCALA, FL 34470**	

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 to complaint investigation (CCR#2016012856) for Change of Pace Retirement Center (facility license number 53). The previously cited deficiency was cleared as a result of the desk review.