STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910267	**02/07/2017**
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 2/6/2017 through 2/7/2017, an unannounced Biennial Survey with Limited Nursing Services (LNS) was conducted at Brookdale at Pinecastle (facility license number 5397). The facility was in compliance at the time of the survey.