

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943018	(X3) DATE SURVEY COMPLETED R 02/28/2017
NAME OF PROVIDER OR SUPPLIER HIDDEN PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 1840 SW 31 AVENUE OCALA, FL 34478	

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

0000 - Initial Comments

A follow-up visit on complaint survey (CCR#2016011577, #2016012851) was conducted on 2/28/2017 at Hidden Pines Retirement Center (facility license number 5505). The previously cited deficiencies were cleared as a result of the follow-up visit.