STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910268	R **03/08/2017**
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

On March 8, 2017 a follow-up survey was conducted at Change of Pace Assisted Living Facility (facility license number 53). Deficient practice was not identified during the survey.