STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943018	**06/01/2017**
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

An unannounced complaint survey (CCR #2017003383) was conducted on June 1, 2017 at Hidden Pines Retirement Center, an Assisted Living Facility, (License #5505) located in Ocala, FL. Hidden Pines Retirement Center had no deficiencies at the time of the survey.