STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911441	**06/27/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PADDOCK HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 S.E. 24TH ROAD** **OCALA, FL 34471**	

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

0000 - Initial Comments

On June 27, 2017 an initial Limited Nursing Services licensure survey was conducted at Brookdale Paddock Hills Assisted Living facility (lic.#7428). No deficient practice was found during the survey.