STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910267	C **06/28/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE 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

An unannounced Complaint Investigation (CCR#2017004794) was conducted on 6/28/2017 at Brookdale at Pinecastle Assisted Living Facility (License #5397).
No deficiencies were identified during the course of the complaint investigation.